REQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE New Well

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-104 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			Hobbs, New dexico September 10, 1959
			(Place) (Date)
			ING AN ALLOWABLE FOR A WELL KNOWN AS:
	Ztec [] Impany or O	- Gas C	Company (tate "R" , Well No. 1—A , in SW 1/4 SE 1/4, (Lesse)
0	Sec		T 165 R 32E NMPM, Undesignated Pool
Unit L	eter		
Le	?a		County. Date Spudded 8-21-59 Date Drilling Completed 9-10-59 Elevation 4469 DF Total Benth 4090 PRTD 4060
Plea	se indicate	location:	1010
D	C B	A	Top Oil/Gas Pay 38 4 Name of Prod. Form. Grayburg
			PRODUCING INTERVAL -
E	F G	Н	Perforations 3824-26', 3828-32', 3888-3900', 3903-20', 4032-47'
			Depth Depth Open Hole Casing Shoe 4090 Tubing 4040
_	77 -		OIL WELL TEST -
L	K J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	load oil used): 60 bbls.oil, NO bbls water in 24 hrs, min. Size 16/6
l			GAS WELL TEST -
30	-16-32		Natural Prod. Test: MCF/Day; Hours flowed Choke Size
ubing Cas	ing and Gem	enting Reco	
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8-5/8"	3301	250	Choke Size Method of Testing:
4½"	4090	200	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
on.	40404		sand): 1000 galler regular acid: 40,000 gallons and 71,000% sand
2 ''	40401		Casing Pkr. Tubing Date first new Press. 200ps i oil run to tanks 9-10-59
			Oil Transporter McWood Corporation
	<u> </u>	<u> </u>	Gas Transporter Cas flored - no pipline
marks:	Gas=0	J.Katio	= 1,600 - 1
		•••••	
	• • • • • • • • • • • • • • • • • • • •	•••••	
I hereb	y certify th	at the info	ormation given above is true and complete to the best of my knowledge.
proved		•••••	, 19 AZTEC OIL & GAS COMPANY
			(Company or Operator)
OI	L CONSE	RVATION	COMMISSION By: (Signature)
بر د آگرام کار	b	111	Title District Superintendent
i ostalytani,	•••• •		Send Communications regarding well to:
tle	••••••	··········	Andrew 111 9 Vine Comment
			6 T WALL
			Address Box 847, Hobbs, New Mexico