REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

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-101 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 Mexico January 4, 1960 (Place) (Date)
WE ARE	HEREBY F	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
Azte	c 011 & G	as Compa	ny Brinson-Federal"R", Well No. 1 , in SE 1/4 NE 1/4,
(C	Company or O	perator)	(Lease)
F Umn 1	Sec	. 31	T. 16S , R. 32E , NMPM., Robinson Pool
			County Date Spudded 11-27-59 Date Drilling Completed 12-9-59
	ase indicate		Elevation 4122.5 KDB Total Depth 4018 PBTD 4006
r ic.	ase mulcate	iocadon.	Top Oil/Gas Pay 3800' Name of Prod. Form. Grayburg
D	C B	A	PRODUCING INTERVAL -
	TB: 0	77	Perforations 3800-06', 3834-48', 3859-67'
E	F G	H	Open Hole No Depth Casing Shoe 4018 Depth Tubing 3861
L	K J	I	OIL WELL TEST -
"	^ °	+	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
М	и о	P	load oil used): 54.9 bbls.oil, .4% bbls water in 24 hrs,min. Size
	;		GAS WELL TEST -
	31-16-32		
	asing and Com	enting Reco	
Size	Feet	SAX	
	1	<u> </u>	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8-5/8"	330	350	Choke SizeMethod of Testing:
4½"	4018	200	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
	 	 	sand): 20,000 gal. lease oil & frac oil w/23,000# sd
		1	Casing Tubing Date first new Press. Pkr Press. oil run to tanks 12-31-59
			Gas Transporter Gas Transporter Gas Transporter Gas Transporter Gas Transporter
Pararka:	V	GOR =	· 1353 Ft ³ /bb1
Remarks:.	******************	T.B.H	I.P. = 940. I# @ =150¹

I here	by certify the	nat the info	ormation given above is true and complete to the best of my knowledge.
			19. AZTEC OIL & GAS COMPANY
••	^,	-	(Company of Operator)
0	IL CONSE	RVATION	COMMISSION By:
_	((Signature)
3y: <i>[(</i> _		<i>Y (2)</i>	Title District Engineer
Γitle			Send Communications regarding well to:
. 1416		·····	Name AZTEC DIL & GAS COMPANY
		•	Address Box 847, Hobbs, New Mexico