NEW! ICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				Midland, Tex	48	May 5,	1960
				(Place)			(Date)
E ARE I	HEREBY F	REQUESTI	NG AN ALLOWABLE F	FOR A WELL KNOW	/N AS:		
iago (Dil & Ga	s Co.	Sinclair-Taylor		1 in	SE 1/4	NW 1/
_ (Co	mpany or O	peracor)	(Lea	se)			,
		c4	T. 178 , R. 321	:d	Po		
Um La			County. Date Spudded	4-19-60	Dada Dadilitaa	Completed &	30-60
			County. Date Spudded	Total Dep	th 4195	PRTD 4	176
Plea	se indicate	location:		69 Name of P			
D	C B	A					
l	.			4169-70, 4096-97,	4031-33,	400/-10, 3	JYZ-Y4,
-			Perforations 39	68-70, 3919-22		Dooth	,
_ [F G	H	Open Hole	Depth Casing Sh	04	Tubing	
- 1 2	K		OIL WELL TEST -				
L	K J	I		hh1	bb1+* ''	• • • •	Chok
				bbls.oil,			
М	N O	P		ture Treatment (after we			Choke
••	" "		load oil used): 43	_bbls,oil,0 bb	ols water in 2	4 hrs, 0 m	in. Size 24
			GAS WELL TEST -	Gravity	35.5	GOR 1181	- 1
-			Natural Prod. Test:	MCF/Day:	Hours flowed	Choke Si	78
Man Ca	-tag and Car	menting Reco					
hibing Casing and Comenting Reco		Sax		t, back pressure, etc.):		·	
	1	T	7	ture Treatment:			
3 5/8	297	250	Choke Size Met	hod of Testing:	·/		
			Acid or Fracture Treatme	ent (Give amounts of mate	erials used, s	uch as acid, wa	ter, oil, an
5 1/2	4184	300		scid, 20,000 gal.			
•	4112		Casing Tubing	7100 Date first new oil run to tan	E 6 60	. 	
2	4112						
				as-New Hexico Pip	eline Co.		
	<u> </u>	4	Gas Transporter none				
marks:	• • • • • • • • • • • • • • • • • • • •	••••				••••••	•••••
····		••••					• • • • • • • • • • • • • • • • • • • •
						••	••••••••
I here	by certify t	that the info	ormation given above is t	rue and complete to the	best of my kr	owledge.	
proved	May		, 19. 60			CAS COMPANY	ζ
proved		***************************************		12	(Company of	Operator)	<i></i>
0	II. CONSE	RVATION	COMMISSION	By: Su	4 2/	ussev	
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12	<i>,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y	- The state of the	Send Co	mmunication	regarding wel	l to:
tle		<i></i>		Name Senti	ago Oil &	Gas Company	t
				Address P. O.	Box 1663,	Midland,	exes