NEW XICO OIL CONSERVATION COMM. ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE OCC

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 the same District Office to which Form C-101 was sent. The allowable will be assigned effective 2.00 A.M. andate 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 lanks Gat must be reported on 15.025 psia at 60° Rebraheit, New Mexico April 30, 1960 (Place) (Date) E HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: NW 53 $\mathcal{U}^{\prime}\mathcal{C}$ (Company or Operator) 32case) 17 Maljamar Unit Lation 4-9-60 4-19-60 Date Drilling Completed County. Date findded..... Elevation_ PBTD 3820 Please indicate location: Gravburg Top Oil/Gas Pay _Name of Prod. Form. (Four shots per ft.) D C B A PRODUCING INTERVAL 3930-34 3944-54 3820-30 3964-70 4091-99 Perforations_ Ε F G H Depth Depth Open Hole___ Casing Shoe Tubing OIL WELL TEST -K L $\mathbf{x}^{\mathbf{J}}$ Ι Choke Natural Prod. Test:_____bbls.oil, ____bbls water in ____hrs, ___min. Size_ Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke /2 M P N 0 load oil used):_____bbls.oil, ____bbls water in ____hrs, ___min. Size____ GAS WELL TEST -_____MCF/Day; Hours flowed _____Choke Size____ Natural Prod. Test: Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):_____ Size Feet Sax Test After Acid or Fracture Treatment: ______ MCF/Day; Hours flowed 8 5/8" 313 200 Choke Size Method of Testing: 5 1/2" 4121 150 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 30,000 gals. refined oil w/ 77,000 lbs. sand sand Casing Cker Tubine 90 2 3/8" 3855 April 29, 1960 Date first new Press. Taxas New Mexico Pipeline -Oil Transporter_ Phillips Petroleum Company Gas Transporter Remarks: I hereby certify that the information given above is true and complete to the best of my knowledge. MAT 6 <u>1550 / 19</u> Approved..... Company or Operator By: Ui OIL CONSERVATION COMMISSION (Signature) Supt. Title..... Send Communications regarding well to: Freind Kand 0.L.McCutchean Title Name..... Maljamar, New Mexico

Address.....