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 6-101 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.

				ARTESIA, NEW MEXICO							
WE AR	E HER	EBY RE	OUESTI	NG AN ALLOW	ARLE FOR	(Place)	KNOWN	4 9 .		(Date)	
				A. C. TA					NR.J	1/. SW	17
	Compa	ny or Ope	rator)		(Lease)						
Unit	Letter	, Sec	I.L.	., T17s,	R32£.	, NMPM.,	,	MALJA6i	AR	• • • • • • • • • • • • • • • • • • • •	Pool
•	LEA		·····	County. Date S	Spudded 8-	19-62	Date	Drilling C	capleted	8-29-	62
		ndicate lo		Elevation	4121	To	otal Depth_	4125	PBTD		
D	C	В	A	Top Oil/Gas Pay	3918	Na	ame of Prod.	Form. G	RAYBURG		
		"	^	PRODUCING INTER							
	-	+		Perforations	1918-28. 4	028-32.	4040-44	4047-5	7		
E	F	G.	H	Open Hole		_ De	epth		Depth	39 7 8	
				OIL WELL TEST -							
L	K	J	I		set. No	bble oil	L.L.	1 4 19 -	,		Choke
X				Natural Prod. Te							
M	N	0	P	Test After Acid load oil used):							
					DD15	.011,	DDIS W	ater in <u>C</u>	hrs,	min. Size	24/0
			LJ	GAS WELL TEST -							
				Natural Prod. Te	st:	MC	F/Day; Hour	s flowed	Choke	Size	
Tubing ,		_	ting Recor	d Method of Testir	ng (pitot, bac	k pressure,	etc.):				
3114		Feet	Sax	Test After Acid	or Fracture T	reatment:		MCF,	/Day; Hours	flowed	
8 5/8	8	321	200	Choke Size	Method of	Testing:					
				Acid or Fracture	Treatment (G	ive amounts	of materia	e need en	b as acid	water oil	300
5 1/2	2	4125	350		•			-	-	* .	
				sand): 20,000 Casing	Tubilid	Date 11.	T 2 C LIEM				
2 3/8	1	3978		Press. 700							
		į		Oil Transporter_					NY		
Pararka				Gas Transporter_							
Remarks	·						•••••••		••••••••		
	•••••	••••••	••••••	***************************************			••••				
T L.		م الم									
	•	•		mation given abo		-	to the best ECNARD N		wieage.		
Approved	1		***************************************	···,	19	L			perator)		
,	011.0	ONSERV	ATION	COMMISSION	1	Bv:	K/O/	ru			,
					•	· · · · · · · · · · · · · · · · · · ·		(Signatur	=)		
By	[.].,	ź		-		TitleA	GENT			 	
Tial				,		Se	nd Commi	inications r	egarding w	ell to:	
ı itie		<i></i>	••••••			NameH				· · · · · · · · · · · · · · · · · · ·	
						Р	. 0. Box	376			
					· · · · · · · · · · · · · · · · · · ·	AddressA	RTESIA,	NEW MEX!	.CO		