NEW XICO OIL CONSERVATION COMM ION Santa Fe, New Mexico

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

New Well Recompletion

REQUEST FOR (OIL) - "GAS" ALLOWABLE

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.

					Artesia, New Mexico			11-14-60
					(Place)			(Date)
, ARE H Con	IEREBY RI tinantal	EQUESTIN	NG AN ALLO Miller	DWABLE FOI F BX	A WELL KNO	WN AS:	NE	NE
(Cor	mpany or Op	erator)		(Lease)	, Well No	, in.		
		14	., T. 175	, R. 325	, NMPM.,	Maljan	ar	Poo
	ta.							
			County. Da	te Spudded	9-19-60	Date Drilling (Completed	
Pleas	e indicate l	ocation:			Name of			
D (B	A X	PRODUCING IN					
					3 995-40 02, 40	20-31 1060		100-06
EF	F G.	H	Perforations	J720-2079	Depth Casing	1121	Depth	
			Open Hole	·····	Casing	Shoe	Tubin	
LK	K J	I	OIL WELL TES	<u>1</u> -				Choke
			Natural Prod	. Test:	bbls.oil,	bbls water in	nhr	5,min. Size_
					Treatment (after			
M I	N O	P	load oil use	d): 19 bi	ols.oil, No	bbls water in 2	4_hrs, _	min. Size Opt
			GAS WELL TES	<u>. –</u>				
660'F	NEEL				MCF/Day	+ Hours flowed	Cho	ca Siza
ning Gas	ing and Ceme	nting Recor						
Size	Feet	Sax			ack pressure, etc.	·		
	1		Ĭ		Treatment:			
8 5/8	225	150	Choke Size	Method	of Testing:			
5 1/2	4451	1400	Acid or Frac	ture Treatment	(Give amounts of m	sterials used, su	ich as acid	i, water, oil, and
/ 4 ~		2000	sand):1250		, 27,622 gals		.000# s	and, 1659# M
2 3/8	4046		Casing Press.	Tubing Press.	Date first n oil run to t	ew 11-	10-60	
~ 7/ 0			4		w Mexico Pipe			
			· ·		Gas being ver			
	Allowahl	e will b	• requested	d by MEA In	gineering Sut	-Committee.		
marks.								
marks :								
marks :								
1000-4	File	at the info	rmation given	above is true	and complete to the	ne best of my kn	owledge.	
DCC-4 I hereb	File	at the info	rmation given	above is true	and complete to th Continer	ne best of my know		
1000-4	File	at the info	rmation given	above is true , 19			pany	
DCC-4 I hereb	File by certify th			, 19		Company or C	Deny Operator)	
DCC-4 I hereb	File by certify th		rmation given	, 19	Continer By:	Company or C	Derator) Derator) Le(
DCC-4 I hereb	File by certify th			, 19	By:	Company or C Company or C (Signatu ct Superint	pany Operator) Sector re) endent	
I hereb	File by certify th			, 19	By: Title Send C	Company or C (Signatu et Superint Communications	Derator) Derator) re) endent regarding	well to:
DCC-4 I hereb	File by certify th			, 19	By:	Company or C (Signatu et Superint Communications	Derator) Derator) re) endent regarding	well to: