NEW M KICO OIL CONSERVATION COMMIS ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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,N (Place)	ewNexico.		2-61
E AR	e heri	EBY R	equestii	NG AN ALLOWABLE F	OR A WELL KNO	OWN AS:		
ont	Inent		11. Compi	ny Taylo	, Well No	4 , in		····· SN ······ ¹ /4,
]	•	-		, T 17-8 , R 32 -	-,	Maljamar	B	Pool
				County. Date Spudded	9-13-61	Date Drilling	Completed	9-19-61
			ocation:	Elevation 4058	Total i	Depth 4263	PBTD	
D	C	В	B A	Top Oil/Gas Pay_3055	Name or	f Prod. Form	yburg-Sa	n Andres
	-			PRODUCING INTERVAL - Op	en hole form	ation note	had with	
				Perforations jets	at 4228, 403	2 and 401		ant.ast.4
E	F	G	H	Open Hole_3055-426	Depth Casing	Shoe_ 3055	Depth Tubing	3980
				OIL WELL TEST -				
L	K	J	II	Natural Prod. Test:	bbls.oil.	bbls water i	n bre	Choke
1	X			Test After Acid or Fract				
M	N	0	P	load oil used): 120			•	Chake
								111. 512e_10/0
		9. 377	J	GAS WELL TEST -				
								ze
ibing , Sire		ind Gemi Feet	nting Record Sax	Method of Testing (pitot	, back pressure, etc.	.);		
5140				Test After Acid or Fract	ure Treatment:	МС	F/Day; Hours fl	owed
7 5	/8 10	197	400	Choke SizeMeth	od of Testing:			
				Acid or Fracture Treatme	nt (G ive amounts of m	aterials used, su	uch as acid, wa	ter, oil, and
41	/2 39	65	200	sand): 33.000 081		22 000# -	and 1 hi	
• •		000		sand): 33,000 gel Casing Tubing Press. 380 Press.	Date first n	iew anks 0 30		- HI ORLI
23	/8 40	103		-				
				Oil Transporter		peration (Trucks)	
marke		12040	ble will	Gas Transporter NOT				
				1 be requested mittee.		-	-	EILG .
-	·							
				mation given above is tr		he best of my kn	owledge.	
	d							
prove	a	\sim		, 19		(Company or	Operator)	•••••
	OIL CO	ONSEI	VATION	COMMISSION	Bv :			······
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:	1.,.,		1. (Title	rict-Super	intendent	
, <u> </u>			Contraction of the second		Send	Communications	regarding well	to:
ile					NameCont	inental 01	1. Company	
	12							
					Address. KOW]	oy.Bldg.,	Artesia,	N. N.

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