NEW EXICO OIL CONSERVATION COMN Santa Fe, New Mexico

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

See Vice

REQUEST FOR (OIL) - (OAS) 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, 1	New Mexic	D Ja	nuary 29	
WE ARE	HEREBY	REQUESTI	NG AN ALLOW	VARIE EO	(Place) R A WEIT 1	NOWN A			(Date)
wi11	iam A. &	Edward R.	Hudson	Hudson); •. •.		
()	company or c	opciewi /							
J	, S	ec <u>15</u>	., T. 178	R. 32E	, NMPM.,	•••••••••••••••••••••••••••••••••••••••	Malja	nar	Pool
••••••			Elevation 4	Spudded! 044	Tot	tal Danth /	rilling Compl 1202	Loted Dec	. 21, 196
Pie	Please indicate location:		Top Oil/Gas Pa	J 3825	Nan	o of Duod E	Cravb	PBIU	4157
D	C B	3 A	PRODUCING INTE			ne of Frod. r	orm. GrayD	urg-san	Andres
								·	
E	F G	H H)/4 per ft. Dep	hth .		Depth	
			Open Hole		Cas	sing Shoe	191	Tubing 3	900
L	K J	I	OIL WELL TEST	- 14 ani	lons/hr.				
	X	1 [–] 1	Natural Prod.	Test:	bbls.oil,	bbls	water in	hrs,	Choke min. Size
					e Treatment (af				
M	NO	P			bls.cil,				a .
			GAS WELL TEST				<u>.</u>		
					MCF				
Tuning ,G	asing and Ge Feet	menting Recor Sax	Method of Test	ing (pitot,	back préssure,	etc.):			
			Test After Aci	d or Fractur	e Treatment:		MCF/Day	; Hours flo	we i
8-5/8	1150	200	Choke Size	Method	of Testing:				
-1				Treatment	(Give amounts	of materials	used such a	s atid wate	
51/2	4191	350	L						
			Casing	Tubing	cid + 19.20 Date fir oil run	st new	<u>011 + 650</u>	Of sand	7
<u> </u>			-				,	466	
					nental Oil	Company			
			Gas Transporter	Vente	d				
Remarks:	•••••••••••••••••••••••••••••••••••••••		· · · · · · · · · · · · · · · · · · ·	••••••••••••••••••••••••••••••			• •••••••	••••	
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I her	eby certify	that the info	rmation given at	ove is true	and complete	to the best of	f my knowle	dge.	
Approved				, 19	Willia	un A. & Ec			
					1	$\mathcal{O}_{\mathcal{A}}$	pany or Opera	tory	
C	DIL CONSE	ERVATION	COMMISSION		Ву:Я	aqu	1	na	1/
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	ŕ		······		Name Ral	ph L. Gra	y		
-			-		Address 302	Carper H	ldg., Ar	te sia , No	aw Mexico