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

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

REQUEST FOR (OIL) - (CHIS) 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 field diaring calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is deliv-

ered int	o the sto	ck tanks	s. Gas mus	it be reported on	1 15.025 psia	Artes (Place)	ia, New Mexic	ıo Jı	me 7, 1960
			OUTET				NOWN AS		(2003)
				NG AN ALLO				-	
			vil com rator)	pany n	(Lease)		o 15 ,	111	/4/4 ,
				T 17S	• •			mar	Pool
Unit	Letter								
		Les		County. Dat	e Spudded	5-12-60	Date Drillin	g Completed	5-26-60
Please indicate location:				Elevation		To1	tal Depth 109	PBTD_	
		,	T	Top Oil/MES P	ay 399	NanNan	ne of Prod. Form	San And	
D	C	В	A	PRODUCING_INT	ERVAL -				
			x			0.73			
E	F	G.	H	Perforations_			oth	Depth	To be not at
	-			Open Hole		Ca	oth sing ShoeOC	Tubing_	approx. 3950'.
L				OIL WELL TEST	-				Choke
L	K	J	I	Natural Prod.	Test:	_bbls.oil, _	bbls water	inhrs,	
i i							fter recovery of vo		
M	N	0	P						Choke
				load oil used	⁽⁾ : 187 '		bus water in		min. Size 12/64
		L		GAS WELL TEST	-				
6601	PNL &	6601	FEL	_ Natural Prod.	Test:	MCI	F/Day; Hours flowed	Choke	Size
Tubing	Casing	and Cemer	nting Reco	rd Method of Tes	sting (pitot,	back pressure,	etc.):		
Siz	•	Feet	Sax						
		1		-1					
8 5	/8= :	242	135	Choke Size	Method	d of lesting:		·····	
				Acid or Fract	ure Treatment	: (Give amounts	of materials used,	such as acid,	water, oil, and
41	/2" 4	108	1200)) sele '	lesse emide	50.000# man	deand 750	NADONTTEL.
ł				Casing	Tubing	Date fin	rst new to tanks 6- he	60	
				Oil Transport	er Con	Linental Pi	pe Line Compa	ny	
				Gas Transport	er Non	£			
Remark	<u>د</u> :	llow	le vill				rative Agree		
	S	ub-Com	mittee.	*Unable to	run tub	ing after t	reatment.dom	casing di	to axcessive
DINOC		le		pressure	. C-103	Will be su	ibmitted when	tuding 18	run.
				omation given	above is true	e and complete	to the best of my	knowledge.	
1 1	hereby ce	erury una	at the hu		10	C C	continental.Oi	1. Company	
Approv	ed				, 19		(Company)	or Operator)	
	/-		11		N / -	By:	X K.C	oox	· · · · · · · · · · · · · · · · · · ·
	OILC	ONSER	WATION	COMMISSIO		y	(Sign	ature)	
1	× 1	11	201	AL M		Tiela Alt	ernate for D	strict Sm	orintendent
By		1		N Didee	•••••	S S	end Communicatio	ons regarding	well to:
Title		/	1						
	•••••					1.			
		\bigcup				Address	Rowley Hidg.,	Artesia,	N. M.
						4 8 48 1 6 6 6 6 1 1 1 1			