NEW M-XICO OIL CONSERVATION COMMIS

Santa Fe, New Mexico :

REQUEST FOR (OIL) - (GAS) ALLOWABLE

Revised 7/1/57 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 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		3-3-58	
= =		no	****	(Place)	OND AC		(Date)
_		-	ING AN ALLOWABLE F			NE .	NIW
	mpany or Op		Simon (Lea	, Well No se)	, in		4!NW
	Sec		T 17 R 32	NMPM.,	Maljama	,	Pool
Unit La			•	2-2-60			2 20 60
Loa		County. Date Spudded	2	Date Drilling (Completed	3-27-30	
Pleas	se indicate l	ocation:					
D x	C B	A	Top Oil/Gas Pay 3872	Name (of Prod. Form.	STOYOUT	
	į		PRODUCING INTERVAL -				
		17	Perforations 3941-	43. 3916-18. 39	00-10, 3882-9	4, 3872-7	
E	F G.	Н	Open Hole	Depth Casin	g Shoe 3955	Depth Tubing	3853
			OIL WELL TEST -				
L	KJ	I	Natural Prod. Test:	bhle oil	bble water i	n her	Choke
			Test After Acid or Frac				
M	N O	P	load oil used): 40			•	Choke
				DD15,011,	DDIS water in	T nrs,	min. Size
			GAS WELL TEST -				
			Natural Prod. Test:	MCF/D	ay; Hours flowed _	Choke	Size
ıbing ,Cas	ing and Com	nting Reco	ord Method of Testing (pito	t, back pressure, et	c.):		
Size	Feet	Sax	Test After Acid or Frac	ture Treatment:	MC	F/Day: Hours	flowed
			Choke SizeMeti				
10 3/4	31	30					
8 5/8	1050	100	Sd. free w/10,000	ent (Gi ve amounts of	materials used, su	ich as acid, v	vater, oil, and
0 3/ 0	1036	100	sand): ZOU AACA				TIGITA TOUS INGITA
5 1/2	3989	275	Casing Tubing Press. Press.	1800 Date first oil run to	new tanks 2-20-5	3	
		-	Oil Transporter Con				
2" tbg.	3853		Gas Transporter				
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I hereb	y certify th	at the infe	ormation given above is tr				
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OI	L CONSEI	RVATION	COMMISSION	Ву:	A LA Kee	/Janta_	
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				Address Artes	ie, New Mexi	c o	