NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well 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.

									July 10, 1958		
						(Place)			(Date)		
			-	NG AN ALLOWA			-	aut	S P		
Len G		ny or Op	& Antioc	iates Phillip	(Lease)	Well No	3,	n	1/4		
0				., T. 17 , R	· ·	MPM.,	Undesigna	ted	Pool		
	; Letter			County. Date Sp		/58	Data Dallia	. Completed	7/2/58		
				Elevation 421	6 GR	Total Dep	oth 4510	PBTD_	4465		
	Please indicate location:			Top Oil/Gas Pay	_						
D	C	B	A	PRODUCING INTERVA	<u>L</u> -						
				Perforations 419	6-4202;4244	-47;4265-9	0 ;4296- 43	02;4315-29	;4412-4433		
E	F	G.	H	Open Hole		Depth Casing St	noe 4509	Depth Tubing	4435		
				OIL WELL TEST -							
L	K	J	I		it: bbls	oil.	bbls water	in hrs.	Choke min. Size		
				Tes t After Acid c							
M	N	0	Р						Choke		
		x		GAS WELL TEST -			-				
			•	Natural Prod. Tes	. + .	MCE/Dave	Hours flowed	Chake	Size		
lubing	Casing	and Ceme	nting Recor						512e		
	Size Feet Sax			Test After Acid c					flowed		
	100			Choke Size							
8-2	/84 :	<u>, 01</u>	300								
5-1	/2= 4	4971	500	Acid or Fracture							
				sand): 2000 ga Casing Press.	Tubing net	Dolle Oll Date first new	(27,000 g	ato/ = 1/1			
2*	tbg.s	ot at	4435								
				Oil Transporter		ALCO TIPE	Mille com	au y			
	h			Gas Transporter	one						
emarks		••••••	•••••••••••••••••••••••••••••••••••••••	••••••	X.	T_{r}, F_{c}	-EU	· · · · · · · · · · · · · · · · · · ·			
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Th	erehv ce	artify the	at the info	ormation given abov	e is true and co	mplete to the	best of my k	nowledge.			
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pprove	u		••••••	······································	9		(Company or	Operator)			
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