NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

Revised 7/1/57... New Well Recompletion

(Form C-104)

REQUEST FOR (OIL) - (Sec.) 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.

| | | | AFTESIA, New Mexico January 17 (Place) (Date) | - |
|---------------------------------------|-----------|-------------|--|---------|
| | | | ING AN ALLOWABLE FOR A WELL KNOWN AS: | • / |
| | pany or O | | State 4, Well No. # 7, in. 14, 18 | /4, |
| | | | T. 17. , R. 33. , NMPM., | Pool |
| Unit Lot | tar i | | | |
| Lei | <u>k</u> | | County. Date Spudded 12-14-57 Date Drilling Completed Jan. 17, | |
| Pleas | indicate | location: | Elevation 4216 Total Depth 4370 PBTD | |
| <u></u> | | | Top Oil/Gas Pay 4206 Name of Prod. Form. Grayburg | |
| D (; | 3 B | A | PRODUCING INTERVAL - | |
| | | • | Perforations 4206-22 4306-16 4326-46 | |
| E J | P G | H | Depth Depth Depth Open Hole Casing Shoe 4370 Tubing 4150 | |
| | | | | |
| | | | OIL WELL TEST - | oke |
| L | КЈЈ | I | Natural Prod. Test: 70 bbls.oil, -O- bbls water in 24 hrs.0 min. Si | |
| | | | Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume | |
| M | | P | Choke load oil used):bbls.oil,bbls water inhrs,min. Size | |
| | | | load oil used):DDIS,011,DDIS water innrs,min. size | |
| | | | GAS WELL TEST - | |
| | | | | |
| | | anting Peer | | |
| | | enting Reco | | |
| Size | Feet | Sax | Test After Acid or Fracture Treatment:MCF/Day; Hours flowed | |
| 5/8* | 365 | 150 | Choke SizeMethod of Testing: | <u></u> |
| | 5-7 | | | |
| (1 4) | 4370 | 150 | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, a | |
| <u> </u> | | 1 | sand): 15,000 gallons oil and 15,900 lbs. sand | |
| | | | sand): Tubing Date first new Casing Tubing Date first new Press Press oil run to tanks January 17, 1958 | |
| | | + | Cil Transporter Julas New Medico Province | |
| | | | | |
| | | _ <u>_</u> | Gas Transporter | |
| marks: | | | TSTN GOR | |
| | | | | |
| | | | | |
| . | | | formation given shows is true and complete to the best of my knowledge. | |
| | | | formation given above is true and complete to the best of my knowledge. | |
| pproved | | | , 19 | |
| · · · · · · · · · · · · · · · · · · · | | | a I man total | |
| · · · · · · | | RVATION | N COMMISSION By: Of William (Signature) | |
| - | | -7 | (Signature) | |
| - | L CONSE | ~ | | |
| - | | 7-12 | Title Supt. | |
| - | | 200 | Title | |
| - | | <u>P-j</u> | Send Communications regarding well to: | |
| - | | 7-12 | TitleSupt. Send Communications regarding well to: NameLeonard Nichols Address1101 Mercantile Securities B1 | |

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