NEW XICO OIL CONSERVATION COMMY YON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) 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 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.

			•		Dellas, Ter	LAS	June 29, 1959		
				••	(Piace)			(Date)	
E ARE H	IEREBY R	EQUESTI	ING AN ALLO	WABLE FOI	R A WELL KNO	DWN AS:			
LU5 3	npany or Op	LES (771831	(Lease)	Well No	4-9 , in.	NE 1/4		
	• •		т 175	· ·	, NMPM. ,	loberts		Pool	
Unit Let	ter								
Les	· · · · · · · · · · · · · · · · · · ·	· · · · • • • • • • • • • • • • • • • •			4/28/59				
Pleas	e indicate	location :			•Total :				
D	CB	A	Top Oil/Gas	Pay	Name o	f Prod. Form	weaybar		
-			PRODUCING IN						
E	F G	H			-53, 4396 - 4 Depth				
	r G		Open Hole	••	Depth Casing	Shoe 4459 *	Tubing	4350'	
		_	OIL WELL TES	<u>1</u> -					
	K J	I	Natural Prod	. Test:	bbls.oil,	bbls water in	nhrs,	Choke min. Size	
	X				e Treatment (after				
M	N O	Р			bls.oil,				
			GAS WELL TES		· · <u></u>				
				-					
<u> </u>			Natural Prod	. Test:	MCF/Da	y; Hours flowed	Choke S	ize	
ubing "Cas:	ing and Cem	enting Reco	rd Method of Te	sting (pitot,)	back pressure, etc	.):			
Size	Feet Sax		Test After Acid or Fracture Treatment:MCF/Day; Hours flowed						
8 5/8"	302'	200	Choke Size	Method	of Testing:			······	
					(Give amounts of m	ntorials used, su	uch as acid. wa	ter, oil, and	
54"	4450'	100			ons v/32,000				
			sand): Casing	Tubing	Date first r oil run to f	new 7/A/			
		_							
					x-New Max. P.				
			Gas Transpor	ter	illips Pet. (
emarks:				·····	•••••••••••••••••••••••••••••••••••••••		•••••	••••••	
				••••••				••••••	
								••••••	
I hereb	y certify th	hat the info	ormation given	above is true	and complete to t	the best of my kno	owledge.		
					RUSSI	ELL MAGUIRE	•••••		
•		-			\sum	(Company or (nell	
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						5 Republic Na Las, Texas		LK BIGS.	
					AUGICSS				