NE' MEXICO OIL CONSERVATION COM SSION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS Recompletion

(Form C-104)

ha

7/2/57

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-104 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed boring 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.

				(Place)	18	November	14, 1957 (Date)
ARE HI	EREBY R	EQUESTI	ING AN ALLOWABLE F	OR A WELL KNOWN	AS:		. ,
arphy N	. Baxte	F	State "17" (Lea	, Well No	, i n. .		
(Com	pany or Op	erator) 17	(Lea , T. 178 , R. 3 3		No.1 Lawar	an fit	
Unit Lott	, Sec.	ħ/	, T, R, R	, NMPM.,		••••••	Pool
L e	.	· · · • • • • • • • • • • • • • • • • •	County. Date Spudded				
Please	indicate l	ocation:	Elevation 4212	D.TTotal Depth	4413'	PBTD	402'
DC	B		Top Oil/Gas Pay	Name of Prod	. Form.	Graybur	8
	-		PRODUCING INTERVAL -				
			Perforations 4184-94	4218-28, 4267-77, Depth	4296-43	10, 4320-	62
	G.	H	Open Hole	Casing Shoe	4411'	Depth Tubing	4175'
			OIL WELL TEST -				
	J			bbls.oil,b	bls water in	 hrs. 	Choke min. Size
				ture Treatment (after recov			
	0	P		bbls.oil, 0.6% bbls			Choke
						<u> </u>	
. 17	T-17-8.	B-23-F	GAS WELL TEST -	<i>,</i>			
			•	MCF/Day; Hou			ize
Casi: Sire	ng and Cem Feet	nting Keco Sax	•	t, back pressure, etc.):			
				ture Treatment:			
8-5/8"	322'	250	Choke SizeMet	hod of Testing:			
			Acid or Fracture Treatme	ent (G ive amounts of materi	als used, su	ch as acid, w	ater, oil, and
5-1/2"	4411'	150	sand): 30,000 gal	s. refined all and	15.0004	sand.	
2" EUE	4175'	-	Casing Tubing				
				was-New Mexico Pip			
			Gas Transporter K				
narks :							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							•••••
•••••							
I hereby	certify th	at the inf	ormation given above is t	rue and complete to the be	st of my kno	wledge.	
			, 19	A			•••••••••••••••••••••••••••••••••••••••
					Company or C)perator)	,
OIL	CONSEI	VATIO	COMMISSION	By:	18:	<u></u>	
c	Ci/	hi	į.	,	(Signatu	re (
·····	······································	1.1.	S. A. A.	Title	n. Enginee	regarding we	ll to:
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				Name	Baxter.	······	
				Address 209 Hert	h Bie Sm	ine	and. Toras

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