## NEW SEXICO OIL CONSERVATION COMP SION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

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.

urphy H. Baxter			State *17" , Well No. 8 , in SE 1/4 NE
(Compa	any or Ope	rator)	(Lease)
II Teller	, Sec.	17	T. 17-5 , R. 33-E , NMPM., Heljamer Po
	i.		County. Date Spudded 12-5-57  Elevation 4209 D.F. Total Depth 4450 PBTD
Please in	Please indicate location:		Top Oil/Gas Pay 1216 Name of Prod. Form. Grayburg
D C	В	A	PRODUCING INTERVAL -
E F	G	H	Perforations <b>k2k6-56</b> , <b>k276-88</b> , <b>k316-35</b> , <b>k350-kk08</b> Open Hole
L K	J	I	OIL WELL TEST -
			Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	0	P	load oil used): \$1.15 bbls,oil, 0.25 bbls water in 21 hrs,min. Size 1
			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
ubing ,Casing	and Ceme	nting Reco	ord Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
-5/8° 3	/8" 313 250		Choke Size Method of Testing:
-1/2" 14	39.5	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an
			Sand): 16 000 rale ell wains 1/2 to 1/4 ed/gal. Casing Tubing Date first new
· EUR	22.95		Press. Press 120 oil run to tanks 1-21-58
			Oil Transporter Terras New Meries Pipeline Co.
			Gas Transporter None
		-	
CINALES :	••••••		
		•••••	······································
I hereby	certify th	at the info	formation given above is true and complete to the best of my knowledge.
I hereby o	certify th	at the info	formation given above is true and complete to the best of my knowledge.  19
oproved	ÇONSEI	RVATION	N COMMISSION  By:  (Signature)
oprovedOIL	ÇONSEI	RVATION	N COMMISSION By:
OIL (	ÇONSEI	RVATION	N COMMISSION  By:  (Signature)