NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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 delived ered into the spock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				Midland, Texas		June 19, 1958	
				(Place)			(Date)
		-	NG AN ALLOWABLE				V OF NE V
(C	ompany or C	Operator)		case)			
B Unit L		19 c. 19	T. 17-S R. 3	3 -E , NMPM	,	Maljama	rPool
Lee			County. Date Spudd	led 6-1-58	Date D	rilling Completed	6-15-58
Dia	ase indicate		Elevation 4151	GL T	 otal Depth	4458 PB	10 4430
			Top Oil/Gas Pay	4 08 0N	lame of Prod. F	orm. San Andr	es - Grayburg
D	C	BA	PRODUCING INTERVAL -				
			Perforations 4080				
E	F	H	Open Hole	C	epth asing Shoe	Lepti 4457 Tubi	ng 4327
			OIL WELL TEST -				
L	K J	r I	Natural Prod. Test:	bbls.oil,	bbls	water inh	Choke rs, <u> </u>
			Test After Acid or Fi	racture Treatment (after recovery	of volume of oil	equal to volume of
M	N C) P	load oil used): 88				Choke
			GAS WELL TEST -				
		_			/-		
			_ Natural Prod. Test:				oke Size
ibing "Ce Surc	ising and Ge Feet	ementing Reco Sax					
3117			Test After Acid or Fi				urs flowed
8 5/8	3 351	175	Choke Size	Method of Testing:		<u>-</u>	
<u> </u>			Acid or Fracture Trea	tment (Give amount	s of materials	used, such as ac:	id, water, oil, and
5 1/2	2 4457	8500 gal	\				
		Continent	Casino Tubi	ing Date f ss. 340 oil ru	irst new in to tanks 6-	& 1/2# said 19-58	/gal.
		-	Oil Transporter				
2"	4327			None - New Le			
marks:					-		
							·····
I her	ebv certifv	that the info	ormation given above is	s true and comple	te to the best o	of my knowledge.	
			, 19			m.Corporatio	a
proved.			. ,		(Con	npany or Operator)	· · to
c	DIL CONS	ERVATION	COMMISSION	By: Je	malt	K. QU. JOLI (Signature)	Mor
		17 .1	a la	/	Vin all naces	,,	
:		يكرم سر	Call		Engineer Send Commu	nications regardin	g well to:
tle							
						oleun Corpo	
				Address	Box 3195	Midland, T	exas