## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Ravised 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 recompletions 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.

d into the stock tanks. Gas must		be reported on 15.025 psia at 60 raincincin.				4-29-60				
						(Place)				(Date)
=	*****	EDV DEC	MITESTIN	G AN ALLOWA	BLE FOR A	WELL KNO	A NWC	S:		-
ARE	HER	047	Company	State-Le	a HGH	Well No	5	, i <b>n</b> .	SW 1/	NE
TI.	Je Fr	ny or Opera	rtot)		(Lease)	,	TZ			
G		Sec	7	T. 16-3 , R	34-E	NMPM.,	- Interes			P
Unit	Letter	, 000			2_	70_60	Date	Dreilling Co	mpleted	3-2-60
L	88	*******		County. Date S	oudded	Total	Depth	39701	PBTD	39521
		ndicate loc		Top Oil/Pay_Pay_	20101	Namo o	of Prod-	Form. Pe	nrose	
		ТВ	A			Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
D	С	<sup>B</sup>	^	PRODUCING INTERV	<u>AL</u> -				•	
				Perforations	39191-3	91			Depth	
E	F	G	H	Open Hole		Depth Casin	g Shoe	39701	Tubing_	39/121
		x								
}			Ī	OIL WELL TEST -					L	Ch min- Si
L	K	J		Natural Prod. Te	est:	bbls.oil,	bb	ls water in	nrs,	
ļ				Test After Acid	or Fracture 7	Treatment (afte	r recove	ry of volum	e of oil equ	ual to volume Choke
M	N	0	P	load oil used):	7bbl:	s,oil,	bbls w	ater in	<u>8</u> hrs, <u>-</u>	min. Size
			1							
				GAS WELL TEST -					Chaka	Ciza
				Natural Prod. T	est:	MCF/I	Day; Hour	s flowed	Choke	51 Ze
hihing	Casin	g and Gemes	nting Recor	d Method of Testi	ng (pitot, ba	ck pressure, e	tc.):			
Size	-	Feet	Sax	Test After Acid	or Fracture	Treatment:		MCF	/Day; Hours	flowed
				Choke Size	Method o	f Testing:			. <u></u>	
8-5/8	8₩	352	350							
				Acid or Fractur	e Treatment (	Give amounts o	f materia	als used, su	ch as acid,	water, orr,
5-1/2	2"	3969	200			. / 24 to	<b>34</b> 800	d ner of	llen	
ı	- 1			sand): 20.00 Casing Press. 3000	Tubing	Date firs	t new o tanks_	4-24-	-60	
				Oil Transporter	Dawn	4an 017 Co	MINARIY	(Trucks		
	l								_	
			L	Gas Transporte:	f					
Remark	ks :									
			•••••							
				ormation given a	hove is true:	and complete	to the be	st of my kn	owledge.	
				ormation given a	10	•				<b>J</b>
Approv	/ed				, 19	***************************************	<i>\</i>	Company or	Operator)	$\Omega$
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	1		VI	11-11		mert. 1	Chi	ef Clerk		
<b>B</b> v: ∠2	M	1/1/1	1 00	JAME.	<i>U</i>	TitleSe	nd Com	munication	s regarding	well to:
			·			J.C				
Title			1. 1. 21 E S	1		Name	The	Pure Oi	T comba	Ψ
						. 11	Box	671 - 1	idland,	Texas
						Address	240			