NEW ' XICO OIL CONSERVATION COMM' ION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to by 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 off well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					Hobbs New Mexico Sept . 17-1958				
ARE HI	EREBY RE	QUESTIN	IG AN ALLOWABL	F FOR A WE	LL KNOWN A	\S:			
ARE HEREBY REQUESTIN (Company or Operator) F				, W	'ell No <u>1</u>	, i n	512		
	, Sec		., T 165 , K		· w.,				
	Les		County. Date Spue	dded 8/9/58	Date	Drilling Com	plated PBTD		
Please	indicate lo	cation:	Elevation Top Oil/Gas Pay	DP-LAS	Name of Prod.			<u> </u>	
DC	B	A	PRODUCING INTERVAL						
-	G	H	Perforations	393 1-3 947	Depth heles Casing Shoe	3972	Depth Tubing	3932	
	O K J	I	OIL WELL TEST - Natural Prod. Test:	Not tagted	inatural bt	ols water in _	hrs, _	Choke min. Size	
M		P	Test After Acid or load oil used):	Fracture Treatm	ant (after recove	ry of volume	of oil equa	1 to volume of Choke	
			GAS WELL TEST -						
			- Natural Prod. Test					Size	
ubing ,Cas	ing and Cent	nting Reco	rd Method of Testing	(pitot, back pre	ssure, etc.):				
Size Feet Sax		Test After Acid or	r Fracture Treatm	ent:_ 	MCF/	Day; Hours	flowed		
			Choke Size	Method of Test	ing:				
8=5/8	263	200_	Acid or Fracture T	reatment (G ive a	mounts of materia	als used, suc	h as acid, w	water, oil, and	
4-1/2	3972	150	sand): <u>20.000</u>	cal lesse e		# send -	Perf in	250 gal mud	
2-3/8	3932		Casing I Press. F Oil Transporter	Press	il run to tanks_		M S W	and Coup	
			Gas Transporter	Guell ener	- of - 200 1	vented	to alr		
lemarks:	Punpi	ng well.		<u></u>	Juin	·····			
T L		hat the in	formation given abov	e is true and co	mplete to the be	st of my kno	wledge.		
1 nere Approved				19	C. W.	Company or C		•••••••••••••••••••••••••••••••••••••••	
o	IL CONSE	RVATIO	N COMMISSION	By:.	6. W. Train	(Signatu			
By:	John	W	Mumpan	Titl	Send Com	munications	regarding	vell to:	
Title				Nar	nee	TRAINER			
				Add	ressBox 22	22, Hobbi	, New M	adico	