NEW CICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well

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 deliv-

into the	stock tanks	. Gas mus	t be reported on		*******	heit. bbs, Kaw Ma s	ries 11/28	/60
					(Place)			(Date)
ARE HE	REBY RE	QUESTI	NG AN ALLO	WABLE FOR	R A WELL F	KNOWN AS:	<u>au</u>	. 997
BURK M	MALTI G	mpart	Sport 3	tate "a"	, Well N	o		.1/4
(Comp	any or Oper	rator)	_ 168	(Lease)	NMPM.	Mamo-	Juous	Pool
Lee			County. Dat	e Spudded 10	/27/60	Date Drill	ing Completed B [‡]	11/6/60
Please	indicate lo	cation:	Elevation	2056	101	tal Depth 403	Green	
C	В	A			Nar	me of Prod. Form.		
	. -	-	PRODUCING INT					
		├ 	Perforations	3956-66	W/70 Bull	oth	Depth	Sant 1
F	G	H	Open Hole		Ca	pth sing Shoe	Tubing	3781
			OIL WELL TEST					Choke
K	J	I	Natural Prod.	- . Test:	_bbls.oil,	bbls wa	ter inhr	s,min. Size_
			Test After A	cid or Fractur	e Treatment (a	fter recovery of	volume of oil	equal to volume of
ı N	0	P	load of luce	d): 11 h	bls.oil.	<pre>bbls water</pre>	in 16 hrs,	Choke min. Size
				_				
			GAS WELL TEST				. Cha	ho Cieo
	8 4 3301							ke Size
dng ,Casi	ng and Ceme	_						C1
Size	Feet	SAX	Test After A	cid or Fractur	re Treatment:		MCF/Day; Hou	rs flowed
-5/8*	247	200	Gire Size_	Method	of Testing:			
· · · · ·	10000	Diacol	11-11	ture Treatment	(Give amounts	s of materials us	ed, such as aci	d, water, oil, and
5-1/2°	1027*	hrmoer	Sound):	MACES mal l		-		
2-3/8"	at 3927		Casing	Tubing	Date fi	irst new 11/23,	/60	
			Press.	70.4	Permian C	erperation		
			Oil Transpor	Ter-				
	L	<u> </u>	Gas Transpor	:ter				
narks:			******************	*******				***************************************
		•••••			. 4		*************************	
					e and complet	te to the best of	my knowledge.	
I hereb	y certify th	nat the in			and complet	te to the best of the RECENTALTY C	CMPANY	
proved	•	NOV	9 D 1960	, 19	***************************************	(Compa	my or Operator)	/ / /
			N CONSTICCT	ON .	Bv:		\mathcal{O}	ela Vica
OI	L CONSE	KYATIO	N COMMISSI	7.	Age	ent (Signature)	
M	1/1/1/	MILA	MM		Title			- well to:
:	get and the first of	a	in the standing	***************************************	:	Send Communic	ations regardin	g wen to.
tle	/	/			Name	800 Oll & Ga	s blag. Mi	shite Palls,
		Emos i	ne Die	* .	* 401110			
					Address	•••••	***************************************	