NUMBER OF COP. SRECEIVED			NEW MEXICO OIL CONSERVATION COMMISSION				(Form C-104) Revised 7/1/57	
SANTA FE				San	ita Fe, New Mexic	0		2
U.S.G.S.			o Dio L'IDO					
LAND OFFICE			REQUES	I FOR ((OIL) - (1971)	X ALLO	WAPLE	
TRANSPORTER	01L		~		201	838 07710E	0.0.0.	New Well
PRORATION OFFIC	E					•		
OPERATOR					1111	73 141	M '64	
able will be month of c	assigned	effective 7:00 A.	M. on date of The complet	completion o ion date sha 5.025 psia at		e case of an o	orm is filed ail well when	during calendar n new oil is deliv
				Ar	tesia, New 1 (Place)	lexice	.22 Jun	e 1.964
WE ARE	HEREBY	REQUESTING	AN ALLOWA	BLE FOR	A WELL KNOWN	NAS:		()
IMA CAP	ITAN.				, Well No 2			/4
				·/				

			(Lease) , T 178 , R 32E , NMPM., MALJANAR Poo					
			County. Date Spudded 13 May 64 Date Drilling Completed 22 May 64. Elevation 4295 GL. Total Depth 4394 PBTD 4358					
Please indicate location:			Top Oil/Gas Pay 4091 Name of Prod. Form@Payburg-San Andres					
D	C B	A	PRODUCING INTERVAL -4344-47, 4216-20, 4208-12, 4201-04, 4182.					
	F G	H	Perforations 4142-46, 4107-10, 4091-96. Depth Depth Open Hole Casing Shoe 4394					
I			OIL WELL TEST -					
L	K J	Ĩ	Choke 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	NO	P	Choke load oil used): <u>42</u> bbls.oil, <u>10</u> bbls water in <u>24</u> hrs, <u>m</u> in. Size <u>Pro</u>					
			GAS WELL TEST -					
BOTH	900FW		Natural Prod. Test:MCF/Day; Hours flowedChoke Size					
(ind Cas	FOOTAGE) ing and Cem	enting Reco						
Size	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed					
25/8	363	200	Choke SizeMethod of Testing:					
14 <u>3</u> m	4382	300	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):					
			Casing Tubing Date first new Press. 500 Press. 6500 oil run to tanks 10 June 1964					
			Oil Transporter Taxas New Mexico Pipeline Company					
			Gas Iransporter None					
		•••••						
			formation given above is true and complete to the best of my knowledge.					
proved								
		-	Common Baker					
OI	L CONSE	RVATIO	N COMMISSION By: Deuto (Signature)					
\sum	7		Title SECRETARY+TREASURER					
ŧ – D	knj.m.	ੇ ਸ ੱਚ ਨਿ	Send Communications regarding well to:					
tle			NameSame, Box 1343, Artesia, MM					

Address.....

.⊀مي

.

• * • •