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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~NEW~~ ALLOWABLE

HOODS OFFICE P. O. C. 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 delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

ARTESIA, NEW MEXICO **5 July 1964**
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

CIMA CAPITAN, INC (NSL) HARRISON, Well No. **3**, in **NE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

C Unit Letter, Sec. **3**, T. **17S**, R. **32E**, NMPM, **HALKANAR** Pool

LEA

County. Date Spudded **23 May 64** Date Drilling Completed **1 June 64**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation **4287 GL** Total Depth **4390** PBDT **4370**

Top Oil/Gas Pay **4092** Name of Prod. Form. **Grayburg-San Andres**

PRODUCING INTERVAL **2 per Ft: 4092-95, 4146-50, 4181-85,**
Perforations **4202-08, 4213-16, 4220-24, 4348-60.**

Open Hole Depth Casing Shoe **4390** Depth Tubing **4207**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **45** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke Size **P**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1500 acid, 44000 gal RO, 48000 # sand**

Casing Press. **500** Tubing Press. **5800** Date first new oil run to tanks **1 July 1964**

Oil Transporter **Texas-New Mexico Pipeline Company**

Gas Transporter **None**

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____ **CIMA CAPITAN, INC (NSL)**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *Louis C. Baker*
(Signature)

Title **Secretary-Treasurer**

Send Communications regarding well to:

Name **Same, Box 1343, Artesia, NM**

Address _____

By: _____
Title _____