NUMBER OF COF & RECEIVED STRIBUTION SANTA F: FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS FUGRATION OFFICE

OPERATOR

VIEW MEAROU OIL CONSERVATION COMMISSION Santa Fe, New Mexic

(Form C-10). Ravised 7/1/57

REQUEST FOR (OIL) - ////// ALLOWAPLE

New Well

This form the 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 kent OTh Sallowable 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 recompletio. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Can must be reported on 15.025 psia at 60° Fahrenheit.

			•	Hobbs, New Mexico				
FAREHI	EREBY RE	EOUESTI	NG AN ALL	OWABLE FOR	(Place) LA WELL KN	OWN AS:		(Date)
		•				, in	SW	
(Com	pany or Ope	rator)	•	(Lease)			-	·
Unit Lette		<i>22</i>				Corbin Abe		
		Lea	County. D	ate Spudded	5-7-61	Date Drilling Com	pleted	6-27-61
Please	indicate le	ocation:				Depth 8788 1		
D C	В	T A			Name (of Prod. Form. Abo	<u> </u>	
			PRODUCING I				•	
E F	G	Н		s 8562 -	Depth		Depth	
	•		Open Hole_		Casino	g Shoe	Tubing	85351
	J	+	OIL WELL TE	ST -				Choka
م ا د		٧.	Natural Pro	od. Test:	bbls.oil,	acid treatment	hrs, _	min. Size
			Test After	Acid or Fracture	Treatment (afte	r recovery of volume	of oil equa	l to volume of
M	0	P	load oil us	sed): <u>420</u> bb	ls.oil, 0	bbls water in 2	hrs, <u>0</u>	min. Size 20/
			GAS WELL TE	<u>ল</u> -				
			Natural Pro	od. Test:	MCF/D	ay; Hours flowed	Choke S	ize
bing ,Casi	ng and Ceme	nting Reco				c.):		
Size	Feet	Sax	Test After	Acid or Fracture	Treatment:	MCF/D	ay; Hours f	lowed
13-3/8	3321	350						
			Acid or Fra	cture Treatment	(Give amounts of	materials used, such	as acid, w	ater, oil, and
8-5/8	45891	922	- sand). 1	000 gal. 15	& seid	j		
5-1/2	87871	361	Casing Press.	Tubing Press. 2	Date first oil run to	new tanks July l	1961	
						ipeline Company		
			i i			Company	<u>-</u>	
marks:						.,		
				*******************	*			
		************		***********				
I hereby	certify th	at the inf	ormation give	n above is true	and complete to	the best of my know	ledge.	
						Petroleum Com	pany	
•					Thos	(Company or Op	erator)	
OIL	CONSER	RVATION	COMMISSI	ON	By: MELL	Cholos (Siresture))	
		· 2/	///	1	mut. Dist	rict Chief Cle	rk	
<u></u>	esto		(- Con	ely 0		Communications re		ll to:
le						Lips Petroleum		
					Address Box	c 2105, Hobbs,	New Mexi	.00