REQUEST FOR (OIL) - (GAS) ALLOWABLE New Well Recompletion

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-104 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.

					New Mexico,	April 28	th, 1960
AC ADE I	TED EDV	DECLIEST	INC AN ALLOWANTE	(Place)			(Date)
VE ARE	HEREBY I	REQUEST	ING AN ALLOWABLE AL, Federa	TOR A WELL	KNUWN AS:	. 100	07
•••••	L Se	_c 33	T 17 R 33	NMPM.	Cor	bin	Poo
Unit L	itter Lea			_			
			County. Date Spudde	d <i>>=24=00</i>	Date Drilli	ing Completed	4-2-60
Plea	Please indicate location:		Elevation	806-38281	otal Depth	Pad Com	1 1 1 2
D	C B	A		N.	ame of Prod. Form.	Ked San	1 Lece
			PRODUCING INTERVAL -			•	
E	F G	H	Perforations 43			DonAh	
-	• •	, n	Open Hole ROBS	C	asing Shoe 3840	Depth Tubing	38001
			OIL WELL TEST - M	WELL			
LX	K J	I	Natural Prod. Test: 2	1.33 bbls.oil.	none bbls wate	er in 24 hrs	Choke
			Test After Acid or Fra		,	. ——	
M	N O	P	load oil used): 150				
1				DD15,011,	DDIS Water 1	nnrs,	min. Size
			GAS WELL TEST -				
			Natural Prod. Test:	MX	CF/Day; Hours flowe	edChok	e Size
tubing ,Car	sing and Cer	menting Reco					
Size	Feet	Sax	Test After Acid or Fra	cture Treatment:_	XX.133	MCF/Day; Hour	s flowed
8 5/8"	226	75	Choke Size Me				
5 1/2*	3840	300	Acid or Fracture Treats				, water, oil, and
			sand): 130 BRIS 1 Casing Tubin	rae Ull and	12,000 pounds	sand.	
			PressPress	oil rur	to tanks	7-50 (testi	ing only)
			Cil Transporter	Eas-New Mexi	ee Pipe Line	Company	
	_	<u> </u>	Gas Transporter	Phillips Pet	roleum Corp.		· · · · · · · · · · · · · · · · · · ·
lemarks:		•••••	coved and stored				ay, 21.33
bbls. 1	record i	n 🤼 how	rs). We ether eil r	rum. Waiting	for allowable) .	
I herel	hy certify t	that the info	ormation given above is	true and complete	e to the best of my	knowledge.	
	•		, 19		H. R. DENT		
pproved	***************************************		جمر :	••••	Company y	or Operator)	1 1
O	II. CONSE	RVATION	COMMISSION	∕Bv:	XIX	MN	1
0.		, 16		/ -,	(Sig	nature)	_/
y:		/ 1/8	U /26/	Title	Ages	iŧ	
				S	end Communicati	ons regarding	well to:
itle	·		<u> </u>	Name. B	. M. Perry		
		i.				ia, New Ma	eri ee
				Address Bo	~ 104, AF68	TO S ME A ME	~~