с 3	C STRIBUTION						
SANTA FE		T					
FILE	1						
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL	1					
	GAS						
PRORATION OFFI	CE						

 HEW	EW MERICO OIL CONSER				VATION-COMMISSION			
		Santa	Fe.	New	Mexico			

REQUEST FOR (OIL) - (ISLASSI ALLOWABLE

WIRES SPRICE New Well

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

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 gent. 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 recompletio: 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.

	Sec.	erator) 6	T. 18-5	R 34-B	, NMPM., Unde	signated (Y	aonumQu	een. Kxt.)Po
Eindt La	ter							
Lea	••••••		County. Date S	Spudded7/	7/62	Date Drilling C epth <u>42971</u>	ompleted	1/ <u>14/96</u>
Pleas	e indicate l	ocation:					-	4612
D	СВ	A	Top Oil/Gas Pay	42201	Name or	Prod. Form.		
-			PRODUCING INTER	VAL -				
			Perforations	4220-424	D' w/2JSPF Depth		Depth	
E	FG.	H	Open Hole		Casing	Shoe42971	Tubing_	42271
			OIL WELL TEST -					
L	K J	-			bble cil	bbls water in	hre.	Chok min Size
M	N O	P	Test After Acid	or Fracture T	reatment (atter	bbls water in 2		Choke
P.1			load oil used):	bbls	,oil,	bbls pater in 🚣	🗣 _hrs, _	min. Size
			GAS WELL TEST -	•				
0" FS :	x 2310' I	E Lines	Natural Prod. T	est:	MCF/Day	; Hours flowed	Chok	e Size
	ing and Cem):		
Size	Feet	Sax				мс		
	1	1						
8-5/8"	325	175	Choke Size	Method of	Testing:			
			Acid or Fractur	e Treatment (G	ive amounts of m	aterials used, s	uch as acid	, water, oil, an
4-1/2"	4297	380	500 (Gal Acid:	S-0-F 20.00	0/011: 40.00	0# Sn.	
2"	4227	1	Casing on	Tubing	Date first n	anks 7/25/6	2	
		<u> </u>						
						Pipe Line Go		
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							••••••••••••••••••	
I here	by certify t	hat the inf	formation given at	oove is true as	nd complete to t	he best of my kn	owledge.	
pproved					Pan Americ	an petroleuz	l uordori	ation
pproved	•••••			,	Original	Sign (Coppany or	Operator)	
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		JC	1/12		Send	Communication	regarding	well to:
y:			1/1/2		Send Name	Communication	regarding	