XICO OIL CONSERVATION COMM ION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - WENS ALLOWS BLE ICE OCC Mew 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 solution Gornal 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.

u omi v	ie stock tan	ks. Vas mu	ist be reported on 15.02		ia, New Mexico	August 12,	
E ARE H	EREBY R	EOUEST	ING AN ALLOWABL	`	•	(,
		-	any State			n SW 1/4 SE	1/4
(Co	mpany or O	erator)	(Lease)		•	,
O Let	, Sec	·22	, T 148 , R 3	48 NMPM	1.,Aztelope	Queen	Pool
	Ia	•	County. Date Spud	ided 7-23-60	Date Drillin	Completed #_5_60	
Please indicate location:					PBTD 4767		
	e muicate	ocauon.				Queen	
)	C B	A	PRODUCING INTERVAL -				
		1					
E P	F G	Н	Perforations 45		Depth	Depth	
			Open Hole		Casing Shoe	Tubing 4541	
LK	K J	I	OIL WELL TEST -				Ch
	K J		Natural Prod. Test:	bbls.oil,	bbls water	inhrs,min	Choke Size
			•			lume of oil equal to vo	
	N O	P				Cho 12 hrs, 0 min. Si:	
	x						· <u>- FY</u>
PST.	4 1960 F	TRT.	GAS WELL TEST -				
						Choke Size	
•	ing and Com	_	ord Method of Testing (pitot, back pressur	re, etc.):		
Size	Fret	SAX	Test After Acid or i	Fracture Treatment:		MCF/Day; Hours flowed	
5/8	415	225	Choke Size	_Method of Testing:		·	
2/9	413	443					
1/2	4764	1200				such as acid, water, oi	
-/-	1.513		Casino Tub	oing Date	first new	nd. 375# "ADOMIT	
3/8	4541	-	Press. PKR Pre	ess. 200 oil r	un to tanks	0-60	
			Oil Transporter	estern Oil Tr	ansportation Com	ED & RY	
	Ļ	<u> </u>	Gas Transporter	None			
rks:		····				•••••	
••••••	East	LE-	K Queen 2	at		•••••	
DCC-A	SIO File		,	•			
			ormation given above		ete to the hest of my l	nowledge	
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rovea	****************	AUU.	.1.5196 0		(Company o	r Operator)	
01	I CONTER	D V/ AFT FOR	COMMISSION	Ву:	(I H Ke	ser	
	CONSE	N V JE JON	COMMISSION	Бу:	(Signa	ture)	
A Pill	1/1/	Mall	WALL.	Title	District Supe	rintendent	
				IIIC	Send Communication		
•••••			Ingineer District 1		Continental C	il Company	
				Name	••••		
				Address	Rowley Eldg.,	Artesia, N. M.	