NEW MFXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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-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.

					Odessa, Texas (Place)			October 16, 1962 (Date)		
			-	NG AN ALLOW					C 141	C 145
	Compan	v or Ope	rator)	State-8 Le	(Lease)					
M		, Sec	7	, T. 18– S	R 35-E	, NMPM.	Undes	gnated (Vacuum A	Pool
UNIT				County. Date					,	
	lease inc			Elevation	3980	D.F. _T	otal Depth	9224 1	PBTD	9180*
)	Top Oil/Gas Pay						
D	C	B	A	PRODUCING INTER						
_				Perforations		8865-8910				
E	F	G.	H	Open Hole	-	D	epth asing Shoe_	9224'	Depth Tubing_	8851.28
				OIL WELL TEST	-					
L	K	J	I	Natural Frod.	lest: None	bbls.oil,	ł	bls water i	nhrs,	Choke min. Size
							•			ual to volume of
M	N	0	Р							Choke Min. Size
K				GAS WELL TEST -						
		t	<u> </u>			one "	or / 11.		Challes	Size
	Casing	und Cemer	ting Becom							
ubing Casing and Cementing Recor Size Fret Sax			_							flowed
				1						
<u>}-3/</u>	'8" 33	17.72	275	Choke Size		of festing:				
6- 5/	8" 340	5.14	1150							water, oil, and
				sand): 500 g	Tubipo	A. 1500 G	al. reta	arded aci	d	
<u>}-1/</u>	2" 921	3.14	1000	Casing Press. Pkr.						
2-3/		3.28		Gil Transporter					pany	
D EU				Gas Transporter	Phill	Ips Petro	leum Con	np any		
				produced thro				W & MOOR	-wall pa	CKYF SYT AT
783.	64'.	ATTIG	BVIT FO	garding hole	deviatio	n arrache	G .	-1.0	7	e e la serie
		••••••								
				rmation given at		and complet	e to the be	st of my kno •poration	owledge.	
prove	d				, 19		•••••	Company or (\sim \prime
						But C	1.15		hie	Kt-
/		ONSER	VATION	COMMISSION		By:		(Signatu	IR) 7	
			<i>[</i>	/ //_		1 11 16'		P roducti a		
	.c	/ /	/			S		nunications	regarding w	vell to:
tle	/.	.			·····	Name	J. R.)	Nright		
	/					A shalana-s	P.O. Bo	< 4106, C	dessa, T	exas
						Address				