NEW ! (ICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

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 allendar 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.

			011007			(Place)	Mexico		1958 (Date)
ncle	LE HER	.EBY RE	as Co	ING AN ALLOV	VABLE FOR	A WELL KNO	OWN AS:		
	(Compar	ny or Ope	rator)	. State]	(Lease)	, wen No	, in		NA ¹ /4,
Uni	A	, Sec		, T 185 ,	R 35E	, NMPM.,	Undes	ignated	Pool
	Let	.		County. Date	Spudded 10	-8-57	Date Duilling Co	malated 6	- 6
1	Please in	dicate lo	cation:	Elevation	3908	Total I	Depth_ 11765	PBTD 11	3 70
D	C	В		Top Oil/Gas Pa	y <u>11624</u>	Name of	f Prod. Form	Devonian	
U			A	PRODUCING INTE					
	<u> </u>	<u> </u>	X	Perforations	11726	- 11756 Depth			
E	F	G	H	Open Hole		Depth	Shoe 11765	Depth	4 33 85
				OIL WELL TEST		ouaring	unde	Tubing	
L	K	J	I				•		Choke
			·				bbls water in		
M	N	0	P				recovery of volume		
			ŀ			s.oil,	bbls water in 🔼	hrs, _ O min.	Size_12/
		L	L	GAS WELL TEST					
				- Natural Prod. T	est:	MCF/Day	; Hours flowed	Choke Size	
			ting Recor) :		
Size		Fee:	Sax	Test After Acid	d or Fracture T	reatment:	MCF/1	Day; Hours flowe	d
13-3	18	300	250	Choke Size	Method of	Testing:			
9-5	/8 5	002	2100	sand): 500			terials used, such	as acid, water	, oil, and
7	111	765	200	Casing	Tubing	Date first ne	w inks June 1		
		<u>/6/2</u>	300	Press. FACKE	EPress. YOU	oil run to ta	inks Jane 1	1958	· · · · · · · · · · · · · · · · · · ·
2-7	/8 11	737		011 Transporter	Hevood	Corporati	on, Abilene	, Texas	
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TL.	·····			••••••	••••••		***********************************		•••••
		tily that	the infor	mation given abo	ove is true an	d complete to the	e best of my know	ledge.	
provec	ł		<u>19 4 9</u>	1950	, 19	Sincleir	-011 & Gas.	Company	••••••
				COMMISSION	_		Company or Op		
					E	iy:	(Signature)	•••••	••••••
	5 + c	M	laite	0	т	Title D4	st. Supt.		
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