## NEW M "CICO OIL CONSERVATION COMMIS" ON Santa Fe, New Mexico

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

## REQUEST FOR (OHE) - (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 tigring 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.

			Hobbs, New Mexico			Julie 15, 1900	
				(Place)			(Date)
ARE HE	EREBY RI	EQUESTI	NG AN ALLOWABLE F	OR A WELL KNO	WN AS:	r.t	cu
Azte	c 011 &	Gas Comp	pany State "AJ	Well No	, in	SW	/4
(Com	pany or Ope	erator)	(Less ., T. 188 , R.	e) 36E <sub>NMPM</sub>	Wildcat		Poc
mine Takka	•						
Lea			County. Date Spudded	5-6-60	Date Drilling Co	mpleted	4680
Please	indicate k	ocation:	Top Oil/Gas Pay 44	52 Name of	F Prod Form	Queen	
0	В	A	PRODUCING INTERVAL -				
				4452-661			
ľ	G.	H	PerforationsOpen Hole	Depth Casing	Shoe 52 <b>5</b> 0	Depth Tubing_	4440
			OIL WELL TEST -				Choke
	J	I	Natural Prod. Test:	bbls.oil,	bbls water in	hrs,	
		1	Test After Acid or Frac				ual to volume of
	0	P	load oil used):	bbls.oil,	_bbls water in	hrs,	Choke min. Size
•			GAS WELL TEST -				
1-189	-36E		Natural Prod. Test:	₩CF/Da	v: Hours flowed	Choke	· Size
		nting Reco					
ning ,casi	Feet	Sax	Test After Acid or Frac				flowed 6
			Choke Size ## Met	ture freatment.	Four Point	, 50, ,	
8-5/8"	291	251					
5 <u>†</u> "	5250	225	Acid or Fracture Treatm	ent (Give amounts of	materials used, su	ch as acid,	water, oil, and
-2			sand): 35,000 ga	Date first	and /0,000# 3	sano	
2**	4440		Press. 3200 Press.	oil run to	tanks		
			Oil Transporter				<del></del>
		<u> </u>	Gas Transporter So	uthern Union Ga	s Co.		
marks:	Gas II	ne conn	ection is not avail	able at present	•	••••••••	
					***************************************		*************************
				***************************************			
I hereb	v certify tl	hat the inf	formation given above is t	rue and complete to	the best of my know	owledge.	
proved	,, -		19	Az	16C 011 0 000		<u> </u>
proved	<del></del>				(Company or Corginial si	Operator) igned by:	
Of	L CONSE	RVATION	N COMMISSION	Ву:		L DUKE	
			[m. ]]]	n.t	Signatu strict Superi		<b>†</b>
[J][	110		May from		Communications		
ماه	1	<i>/</i>			tec Oli & Gas		
le	, <i>i</i> ,/		Textorise of the	Name	***************************************	••••	
				Bo Address	x 847, Hobbs	New Me	xico