NEW MEXICO 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

					Hobbs, N.	М.	20-20	
					(Place)			(Date)
ARE H	EREBY RE	QUEST!!	NG AN ALLOWAE	SLE FOR A	WELL KNO	WN AS:		
W. K.	Byrom		Inter 2	4	., Well No	2,	in NW	1/4 NW 1/
/ Con	npany or Oper	ator)		(Lease)				
D Unit Let		24	, T. 183 , R.	۱ ,عور	νмРМ.,	OIMCST	5180 000	Ро
Ta:	a		County. Date Spi	udded 2-23	-62	Date Drillin	g Completed	3-3-62
			Elevation 3779.	O GL	Total D	epth 4602	PBTC)
Pleas	e indicate lo	cation:	Top Oil/Gas Pay_L					
D (C B	A				_		
•			PRODUCING INTERVAL	-				
	TR C	1	Perforations 4				Depth	
	F G	H	Open Hole 10	<u>) </u>	Casing	Shoe_4592	Tubing	<u>, 1,420</u>
			OIL WELL TEST -					
L .	K J	I	Natural Prod. Tes		انمانا	bble wata	r in hre	Chok
, -	N O	P	Test After Acid o					Choke
M :	N	-	load oil used):	bbls, o	il,	bbls water in	hrs, _	min. Size
ļ		1	GAS WELL TEST -					
			Natural Prod. Tes	. none	MCE/Day	. Hours flowe	d Chol	ke Size
•	ing and Cemer	_						
Size	Feet	SAX	Test After Acid o					rs flowed 🚜
r/dn	809.60	400	Choke Size 15/6	Method of T	esting: Ba	ack Pressu	re	
-5/8"	007,00	400	Acid or Fracture			atorials used	such as acid	d. water, oil, an
-1/2"	4592.00	275						
/	1		sand): 2000 ga	L acld; 40	Date first r	1; ZI,000	Kar Letru	eu orr
-3/8"	4420.00		Casing Press.1475	Press. 1450	oil run to t	anks		
			Oil Transporter_					
			Gas Transporter	Warren Pet	roleum Co	rporation		
marke:								
كا تلمانا			1 / 2		1	*		
						1 1		***************************************
I herel	by certify the	at the info	ormation given abov	e is true and	complete to t	ne best of my	Knowledge.	
proved	***************************************		,	19	W. K.	(Company	or Operator)	
					00		a /	
O	IL CONSER	VATION	COMMISSION	В	/:KK	(Krole 1 der	mature)	
: (T	itle Office	Mg r. Communicati	one regarding	well to:
					Send	Communicati	ous referrant	, aca wa
ile				N	ameW.K	. Byrom		
				Α	ddress LUUU	N. Dar Pa	120 - 1000	os, N. M.