NEW EXICO OIL CONSERVATION COMM ION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

| | | | | | ••• | (Place) | MEXTCO | #ar(| (Date) | |
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| VE AR | E HERI | EBY RE | QUESTI | NG AN ALLO | WABLE FOR | A WELL KN | OWN AS: | | かを | |
| Tid | l ew ater | 011 | Company | | State "B" | , Well No | 1 | n SE | 1/4 - 58 1 | |
| _ | Compan | y or Ope | rator) | / | (Lease) | , NMPM., | Same of the second | 6-27 | , . | |
| | Letter | , Sec | 24 /- | , T. 18 | , R37 | , NMPM., | - Lon | 31 6 | Po | |
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| | ••••• | | | | | | | | 1.180 | |
| P | Please indicate location: | | | | Top Oil/Gas Pay 4158 Name of Prod. Form. Grayburg | | | | | |
| D | C | В | A | 10p U11/Gas | Pay 4150 | Name o | of Prod. Form | Grayours | <u>, </u> | |
| | | | | PRODUCING IN | TERVAL - | | | | | |
| | | _ | | Perforations | | | | | | |
| E | F | G | H | | 019-4180 | Denth | Shoe 40 1 9 | Depth Tubing | h173 | |
| ļ | | ļ | X | OIL WELL TEST | | | | | | |
| L | K | J | I | | - | | | | Chok | |
| | | |] | Natural Prod | · Test: ione | _bbls.oil, | bbls water | inhrs, | min- Size | |
| | | | | Test After A | cid or Fracture | Treatment (after | recovery of vo. | lume of oil ec | qual to volume o | |
| M | N | 0 | P | load oil used | d): <u>45</u> bb1 | s,oil, <u>NO</u> | _bbls water in | 24 hrs, 0 | Choke min. Size Pum | |
| ŀ | | | | GAS WELL TEST | | | _ | | | |
| | | L | <u>. </u> | | - | | | | | |
| | | | | Natural Prod | · Test: | MCF/Da | y; Hours flowed | Choke | Size | |
| bubing, | Casing a | and Comen | ting Recor | d Method of Te | sting (pitot, ba | ck pressure, etc | :.): | | | |
| Size | • 1 | Feet | Sax | Test After Ac | cid or Fracture | Treatment: |) | MCF/Day: Hours | flowed | |
| | | | | i | | of Testing: | | | ***** | |
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| | | 1 | | Acid or Fract | cure Treatment (| Give amounts of | materials used, | such as acid, | water, oil, and | |
| | | + | | sand): 1.000 |) gal. NE a | cdd, 10,000 Date first | cal_Crude | å. 71.00# • | and | |
| | | i | | Casing Press. Pack | Tubing | Date first oil run to | new | -58 | | |
| | | + | | 1 | | | cariks | | - <u> </u> | |
| | [| į | | U11 Transport | ter_Shell | Pide Mile | | | | |
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| I he | ereby cer | rtify tha | t the info | rmation given | above is true a | nd complete to | the best of my k | nowledge. | | |
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| pprove | a | | | | , 17 | | (Company or | *************************************** | ••••• | |
| | 011 0 | 221455 | | ~~~ <i>!! !!</i> | | , X/P | 1 | | | |
| | OILT | NOEK, | VALION | COMMISSIO | IN . | Dy : M. M. M. | (Signa | tyre) | | |
| | | d i | 1 , | (And) | 1 | | Area Supt. | | | |
| /: | | is and the | f, | | | TitleSend | Communication | *************************************** | vell to: | |
| itle | ••••• | // | ******* | | | | | | | |
| | | | | | | Name | H. P. Sha | ackelford | | |
| | | | | | | Address Box | x 547 Ho | bbs. New | Mexico | |