NEW TEXICO OIL CONSERVATION COMM TION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE HOSES OF FIGURE UPO

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 O 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.

					Texas	Peb.	_
E ARE I	HEREBY R	EQUESTI	ING AN ALLOWABLE FO	(Place) OR A WELL KNC	OWN AS:		(Date)
7.	. Dang	lade	700		, in	SW 1/4	SE 1/4
(Co	mpany or Op Sec ster	perator)	(Lease) T. 188, R. 39E	, NMPM.,	Action, in	And I	Poo
Les			County. Date Spudded	12-14-58	Date Drilling Co	mpleted	1-16-59
	se indicate		Elevation 3642 DF	Total D	Pepth 5200	PBTD	
D T	СВ	A	Top Oil/Gas Pay 5160	Name of	Frod. Form.	an Andr	0.0
			PRODUCING INTERVAL -			•	
E	F G	H	Perforations	Depth		Depth	
			Open Hole 5124 - 5	200 Casing	Shoe 5124	Tubing	5130
	K J	I	OIL WELL TEST -				
	. "		Natural Prod. Test:	bbls.oil,	bbls water in	hrs,	Choke min. Size_
	N O		Test After Acid or Fractur	e Treatment (after	recovery of volume	of oil equa.	l to volume of
4	N O	P	load oil used): 26 b	obls, oil,35	bbls water in <u>24</u>	hrs, <u>0</u>	nin. Size
			GAS WELL TEST -				
Size Feet		enting Reco	Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing:				
5/8	340	250	Choke Size Method	of Testing:			
1/2	5124	100	Acid or Fracture Treatment		aterials used, suc	h as acid, wa	ter, oil, and
			sand): 7000 gal. (Casing Tubing				
" EUE	5130		Press. 10 Press.			-59	
			Cil Transporter Shel	l Oil Compar	y Trucks		
	<u> </u>		Gas Transporter			 	
narks:			*				•••••
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roved	Februs		ormation given above is true, 19	=	anglade	-	
	••••••••••		COMMISSION	By H	Company for Op		
O1	r course		GEMINITORON	W.J. Heat	(Signature)	
	Man.	1.60	affra fil	Title Agent			
م				Send C W. J. N	communications re	egarding well	to:
e					A - Esell	Bldg.	
				Midla Address	nd, Texas		The second secon
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