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TRANSPORTER	GAS	ļ							
PRORATION OFFI	E .								
OPERATOR									

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

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

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 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,		Lee	May 31.	
VE ARE H	EREBY RI	EOUESTI	NG AN ALLO	OWABLE FO	,	•	AS:	(L	Date)
		-						1/4	1/4,
(Cor	npany or Ope	erator)		(Lease)	•			Springa Zor	
Unit Lat	ter								
			County. Da	te Spudded	1-29-63	Date	Drilling Co	mpleted 4-1	12-63
Pleas	e indicate k	ocation:		Pay 6150				PBTD 1180	
D	C B	A	PRODUCING IN			Maine Of Frod	TOTAL STATE		
X				8807-17.	8892_31	8837_13			
E	P G	H				Depth Casing Shoe	11896	Depth Tubing 1172	
	· İ		OIL WELL TES			odarny once_		rubing	
L	K J	I			hhle ail	bl	ale water in	hrs,	Choke
								of oil equal to	, —
M	4 0	P	load oil use	ed): 113	bbls.oil,	hi bbl	oad vater in 12	hrs, 👂 min.	Choke Size 24/
			GAS WELL TES			•			-
510' 1/1	1 & 510'	1/N	Natural Proc	. Test:		MCF/Dav: Hou	rs flowed	Choke Size	*
i) Casi, Casi	ng and Ceme	nting Recor		esting (pitot,					
Size	Feet	Sax						Day; Hours flowe	d
13-3/8	380	475	Choke Size_	Metho	d of Testing:			- Anno-Andreas	
13-3/0	300	417	Acid or Erac	tura Trastment	· (Give amount	ts of materia	ls used. suc	h as acid, water,	oil, and
9-5/8	1000	1700	sand): 500	tele mid	acid.				
7	11896	1050	Casing Press. Pack	Tubing Press	Date i	first new un to tanks	May 6. 1	963	:
	0010			ter Texas					
2-3/8	8747	Tbg	Gas Transpor	ter Kone					
emarks:		••••••••				************	******	****************	
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	Charle			. 7				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
			rmation given						
			COMMISSIO		Ru:	eir 011	ompany or O	perator)	
	L CONSER	1	COMMISSIC), I			(Signature	:)	
y:	<u> </u>	<u> </u>	X/IIIII,		Title		lst Supt	ameding well to	•
itle					Name	Fred.	Burns	egarding well to	•
	: OCCjcs:	HPD. JL.	711e.partne	to.		520 B B	roadray.E	iobbs, H. M.	