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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

	Kaspar		NG AN ALLOWABLE FOR A WELL KNOWN AS: Huston , Well No. 1 , in NE 14 SE 14,
(Соп	npany or Ope	rator)	(Lease) , T. 18-S , R. 38-E , NMPM., Bishop Canyon San Andres Pool
I Unit Lett	, Sec	X 9	T. 18-5, R. 30-1, NMPM., Bishop Canyon San Andres Pool
•			County Date Spudded 5-17-65 Date Drilling Completed 5-29-65
			Elevation Total Depth 4743 PBTD
Please	indicate lo	exation:	Top Oil/Gas Pay 4734 Name of Prod. Form. San Andres
D (В	A	PRODUCING INTERVAL -
		 _	Perforations
E	F G	H	Open Hole 4734'-4743' Depth Casing Shoe 4734 Depth Tubing 4741
L I	KJ	J	OIL WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size_
M I	N 0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 42 bbls.oil, 58 bbls water in 24 hrs, 0 min. Size
			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowedChoke Size
(i uhing Gee	FOOTAGE) ing and Geme	nting Recor	
Size	Feet	Sax	
			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8-5/8	248	125	Choke SizeMethod cf Testing:
4-1/2	4734	200	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):
			Casing Tubing Date first new Press. Press. oil run to tanks
<u></u>			Gil Transporter Shell Pipeline Co.
		L	Gas Transporter Phillips Petroleum
emarks:	300 gal	reg a	cid /6000 gal regular acid
	re-acio	ilzedW	Y.ONNA Bar Tedarar anta
• • • • • • • • • • • • • • • • • • • •			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I hereb	y certify 'a	at the info	ormation given above is true and complete to the best of my knowledge.
pproved	June 2	24	, 19.65. A. G. Kaspar (Company or Operator)
pproved			(L Dans)
pproved		VATION	COMMISSION By: Signature
	L- CONSE I	C 427 1 1 0 1 1	(Signature)/
	,	•	Title Owner - Operator
oj y:	``		(Signature)