NEW "XICO OIL CONSERVATION COMM" ION 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 zecompletion, 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.

۵.,

			······ New ···] (Plac	Mexi.co	9 -1.5-58
E ARE H	IEREBY	REQUEST	NG AN ALLOWABLE FOR A WEL	L KNOWN AS:	
(Company or Operator)			(Lesse)	ll No] , i n ,	M
B. Unin Le	, Sc	4	, T. <u>18</u> <u>50.</u> , R.52 East , NMP	M.,	Pool
· · · · · · · · · · · · · · · · · · ·	•••••		County. Date Spudded. 8-24-58.		
Please indicate location:			Elevation C. L. 3877		
D	СВ	A	Top Oil/Gas Pay 38591 PRODUCING INTERVAL -	Name of Prod. Form. ()	
	0			4	
E	F G	H	Perforations 3680-92;_369 Open Hole None	Depth Casing Shoe 3746	Depth Tubing 3670↑
L	K J	I	OIL WELL TEST - Natural Prod. Test:bbls.oil	bbls water in	Swebb hrs, min. Size /
<u></u>	N O	P	Test After Acid or Fracture Treatment	t (after recovery of volume o	of oil equal to volume of
		•	load oil used): <u>50</u> bbls.oil,	bbls water in	hrs,min. Size_12/
			GAS WELL TEST -		
			- Natural Prod. Test:		Choke Size
101ng "Cas Size	ing and Get Feet	menting Reco Sax	(proof, sack prood		
	<u> </u>		Test After Acid or Fracture Treatment		
7" 1118 450		450	Choke SizeMethod of Testing	¹³	
4.1.11	1 1 " 3745		Acid or Fracture Treatment (Give amound	nts of materials used, such	as acid, water, oil, and
		100	sand): free w/15,000 gel oil & 15,000# send		
2"tbg	2"tbg 3670		Press. 400# Press. oil :		
			Oil Transporter Taras New Me	exico Pipe Line (Joneon T
<u> </u>			Gas Transporter No pipeline		
marks :		•••••	1.	1.1. 41	
		••••••			
I hereb	y certify t	that the info	rmation given above is true and compl	lete to the best of my knowle	edge.
proved		••••••	, 19	John M. Beard	
				Company or Oper	
OI		ERVATION	COMMISSION By:	(Signature)	- · · ·
. (John.	NA	unifan	Geologist	
	₹ <i>K.</i> [I Itle	Send Communications reg	arding well to:
tie	•••••••••••••••				
			Name	John M. Beard	

Address. 1300 North Broadway