NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

RECEIVERD sed 7/1/57

REQUEST FOR (OIL) - (CAS) ALLOWABLE AUG 2 9 1960 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.

H	mpany or Op Sec		(Lease) , T. 195, R. 33E, NMPM., Undesignated
Lea Lea		461 - 835.11	County. Date SpuddedJune 23, 1960 Date Drilling Completed June 30, 1
Pleas	e indicate	location:	Elevation 3652 DF . Total Depth 3346 FBTD 3324 Top Oil/Gas Pay 3280 Name of Prod. Form. Yates
D	C B	.A.	PRODUCING INTERVAL -
			Perforations 3282-85, 3287-90, 3293-3300, 3305-10
E	F G	H	Depth Depth Open Hole Casing Shoe 3349 Tubing 3220
		X	OIL WELL TEST -
L	K J	I	Ch Natural Prod. Test: bbls.oil, bbls water in hrs, min. Si
	ļ		Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume
M	N O	P	Choke load oil used): 27 bbls.oil, 14 bbls water in 24 hrs,min. Size_
			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
umng "Cas Size	ing and cen Feet	enting Recor	
		T	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8-5/8	257	150	Choke Size Method of Testing:
5-1/2	3349	40	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil,
	<u> </u>		sand): 500 gals. acid, then 2.000 dals. in 2 stages.
-3/8	3220	$\mathbb{N}_{\mathcal{L}}$	Casing Tubing Date first new Press. Press. oil run to tanks Aug. 20, 1960
			Oil Transporter Cactus Petroleum, Inc.
		1	Gas Transporter None
marks:	Mell I	s pumping	g.
	· · · · · · · · · · · · · · · · · · ·		
I herel	by certify t	hat the info	formation given above is true and complete to the best of my knowledge.
oproved			, 19
			Areal Thomas
O)	IL CONSE	RVATION	N COMMISSION By: (Signature)
1//	1121	For	Title Consulting Engineer
 (;;;			Send Communications regarding well to:
		//	116116am A & DAmma D 19-dam
tle	······································		Name William A. & Edward R. Hudson
itle	ر د:		Name William A. & Edward R. Hudsen