DI	TRIBUTIC	N .	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	on		
	GAS		
PRORATION OFFIC	E		
OPERATOR	:е		

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NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe, New Mexice

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

HOBBS OFFICE OCC

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 recompletio: 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.

				Nonahans, Ti		7-7-61
E ARE	HEREB	Y REQUEST	ING AN ALLOWABI	(Place) E FOR A WELL KR	JOWNI AC	(Date)
Billion de		Company of	Texas State		WWN AS:	
	ompany o	r Operator)		(Lease) Well No.	, in.	
Unit I	Letter	Sec	, T 178 , R	, NMPM.,	Vacuum (Abo	Posi
	Les					
		ate, location :	Elevation Crown	1 3923	Date Drilling C	
D	UTLAS		Top Oil/Gas Pay	8711 Name	of Prod. Form	PBTD
D C	BA	PRODUCING INTERVAL -				
			Perforations	<u>93, 8920-56, 8896</u>		•
E	F	G Н	Open Hole	Depth		Deoth
			OIL WELL TEST -	Casin	g Shoe 9100	Tubing 8698
L	ĸ	JI		ai.a -	_	•
			Natural Prod. Test:	bbls.oil,	bbls water in	Choke
<u>v</u>	N	0 P	Test After Acid or F	racture Treatment (after	r recovery of volume	of oil equal to volume of
			load oil used):	bbls.oil,	_bbls water in	Choke
			GAS WELL TEST -			
	FOOTAGE))	Natural Prod. Test:	MCF/Da	y; Hours flowed	Choke Size
Size	sing and C Feet	Comenting Reco	rd Method of Testing (p	itot, back pressure, etc	.): <u></u>	
			Test After Acid or Fr	racture Treatment:	MCF/	Day; Hours flowed
3/8	304	375	Choke SizeA	Method cf Testing:		
5/8	-		Acid or Fracture Trea	tment (Give amounts of a		as acid, water, oil, and
214	3120	1250	sand):		lateriais used, such	as acid, water, oil, and
1/2	9200	679	Casing Tubi Press.	ng Date first r s. 300 oil run to t	new	
				" Formion Corpore		
<u> </u>	8696			. State 6-34 /5		
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tery .	within	two weeks	, and anthoring 2	mailities will be	inchalled A	
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I hereb	y certify	that the info	mation given above is	true and complete to the	ne best of my know	edra
oved		C		Pressert Cli	Company of S	man, A Mylalan of
		. ()		-	(Company or Ope	rator)
01	CONSI	ERVATION	COMMISSION	By: Jo Lo Re	Riemit ()	& millind
	1	1/14	1 All		(Signature)	
z	<i></i>		<u> </u>	Title	Anginaer	and an avail Ar -
••••••				Name Standar	ommunications reg	aroing well to:
				4 Divisi	m of Californ	La Cill Company