NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (FRANK) ALLOWABLE

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.

						Hobbs., (Place)	New Mex	ci.co		4-7-61. (Date)
VE AR	E HER	EBY RE	QUESTI	ING AN ALLOW	ABLE FOR	A WELL KN	NOWN A	S:		
ities	Compan	ce Pet		Company S	tate Bj	, Well No.		, i n	NE	SE ¹ /4
1	•	•		, T]7-s , 1	R	E., NMPM.,		signate	.	Poo
0.00				County. Date \$						
	Please in			Elevation 3909	1 Dr _ 380	.Z.#.1 /	L Depth		PBTD	4-5-6] 90751
				Top Oil/Gux Pay						
D	C	B	A	PRODUCING INTER					,	
E	F	G	H	Perforations	<u> 8914 - 8</u>	922'; 8929		; 89381.	Solule 1	
-				Open Hole		Casin	ng Shoe	9009'	Tubing	<u> 8921 ′ </u>
L	K	- J	I	OIL WELL TEST -						
**				Natural Prod. Te	est:	bbls.oil,	bbls	water in _	hrs,	Choke
M	N			Tes t After Acid	or Fracture '	Treatment (afte	er recovery	of volume	of oil equa	
P1	N	0	P	load oil used):	bb1	s.oil,O	bbls wat	er in 24	hrs,	Choke _min. Size
				GAS WELL TEST -						
······				- Natural Prod. Te	est:	MCF/D	ay; Hours	flowed .	Choke S	Size _
ubing	,Casing a	and Cemen	ting Recor							
Size	r	Feet	Sax	Test After Acid						lowed
	3	25.76		Choke Size						
3_3/	811 00									
8 5/	800 35	12.10	1485	Acid or Fracture						
·				sand): <u>Acidi</u> Casing			new			
5 <u>1''0</u>	0 9	0091	800	Press. Pkr.			-			
2'' E	ur Qo	921!		Oil Transporter						
				Gas Transporter					·····	
emark	s : .	••••••		••••••	·····					
••••	••••••	••••••		•••••						•••••••••••••••••••••••••••••••••••••••
·····		·····			•				1 1	
	•	rtury tha		ormation given abo		nd complete to	the best o	or my know	ledge.	
oprove		1. 2 .1	1	, ,	19 6].	- Cities -Se	rvice P	etro teun pany or Op	company	/
	OIL O	ONSER	VATION	COMMISSION		Br: Find	- Én	Am		
						an y a a den ser de la constant da		(Signature))	
·:						Title Dist .	Clerk			
		/	10	-		Send	Commun	ications re	garding we	ll to:
ue	••••••	////			······································	Name G. M.	Geyer			
	d,						·			
					•	Address Box	·97∷~ ₩	obbs, Ne	WMexico)

New Well