NEW XICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GetS) ALLOWABLE

New Well Becompositions

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.

				Hobba, New Mexic (Place)	Q	November 10, 1961 (Date)	
				FOR A WELL KNOWN			
Earl G. Colton (Company or Operator)			Texaco-Mor (Les	871, Well No1	, in	NE 1/4 NE 1/4,	
	• ·	•			Peorl (Me	en	
Unit	Lotter		, 1# <i></i>	2, NMPM.,	Not - Ano	Pool	
	Lea	· · · · · · · · · · · · · · · · · · ·		10/14/61 Det			
· Pl	ease indicat	e location:		Elevation 3791 KB Total Depth PBTD 5027			
	C	3 A	Top Oil/Gas Pay_ 494	Name of Proc	. Form. Q	leen	
			PRODUCING INTERVAL -				
┝═╼╉		I	Perforations 4947-	4951-52. 4954-6	1		
E	F	3 H	Open Hole	Depth Casing Shoe	501.9	Depth Tubing 5011	
			1				
L	K	JI	<u>OIL WELL TEST</u> -			Choke	
						hrs,min. Size	
M	N	P		ture Treatment (after recov		Ch . 1	
. [load oil used): 81	_bbls,oil,bbls	water in <u>24</u>	hrs, No min. Size SWAE	
			GAS WELL TEST -				
660	ML & 660) FEL	Natural Prod. Test:	MCE/Davy How	re flowed	Choke Size	
Tubing C	asing and G	menting Reco		t, back pressure, etc.):			
Sire	Feet	Sax	inclusion of coording (pres				
		1		ture Treatment:			
85,	8 167	100	Choke SizeMet	hod of Testing:		<u></u>	
41	/2 5049	170	Acid or Fracture Treatme	ent (Give amounts of materia	als used, such	h as acid, water, oil, and	
4 4	sand) 250 gal spearhead acid, 20,000 gal las crude,						
23,	8 5011		Casing Tubing	Date first new oil run to tanks	33 /6/(3	500# adomite	
			1	Permian Corporation			
 			Gas Transporter None		·		
Remarks :	••••••••••••••••••••••••	•••••	• • • • • • • • • • • • • • • • • • • •		••••••		
·····		•••••••••••••••••••••••••••••••••••••••			•••••		
I her	eby certify	that the info	rmation given above is tr	rue and complete to the bes	t of my know	vledge.	
					-		
	م م		·····, ····		ompany or Op	erator)	
C	DIL CONS	ERVATION	COMMISSION	By: T. L. D.	mit		
		/ /		2,	(Signature)	
v:/	1.0	60		TitleAgent		· · · · · · · · · · · · · · · · · · ·	
					Send Communications regarding well to:		
itle	·····			Name Barl G. C	alton		
				% OIL REPORTS & GAS SERVICES			
	,			Address. BOX 763			