## NEW MEXICO OIL CONSERVATION COMMISSION 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 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.

							<b>P. O. B</b> (Pla		Midla	nd, Tex	(Date)
E AR	E HE	REBY RE	QUESTI	NG AN	ALLOV	WABLE F	FOR A WEI	LL KNOWN	AS:		
bot	Corp	oratio	n 8	tate	Of N.	M. "]	<b>Ľ"</b> , wa	ell No <b>1</b>	, in	NN	
(Company or Operator)						(Leas	KC)				
Und	Lottes	, Sec		., T	13-0	, R	NMP	M.,	Pearl	Queen	Pool
	I	<i>,</i> ea		Cou	nty Date	Souddad	9-22-	61 m.	. Del 114	Comm late d	10-4-61
Please indicate location:			Elevation 3789.6 Total Depth 4995' PBTD								
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				PRODU	CING INTE						
Е	F	G	H	Perfo	rations_	930-49	936' 494	0-4946 a	nd 4950		
		, u		Open	Hole			Depth Casing Shoe	4994	Depth Tubing	4899
				OIL W	ELL TEST	-	4			·.	
L	K	J	I								Choke
											,min. Size
М	N		P								qual to volume of
	_,		•	load	oil used)	: 150	_bbls.oil,	<b>16</b> _bbls v	water in	24_hrs,	Choke O_min. Size 2*
Í				GAS W	ELL TEST	-					
9-5/1	8*	316	250	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed Choke SizeMethod of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil							
-1/	2"	4995	200								
				sand): Casing	30,0	Tubing	LS. LESS Date	e Oll W/ first new	60,0001	Sand.	
1" BI	UE	4899		Press	2600	Press.	oil:	first new run to tanks	10-	-14-61	
				Oil Tr	ansporter	<u>The</u>	Permia	n Corp.	(Trucks	J)	
marks	<b>:</b>		Pearl (						•••••	••••••	······
I he	ereby c	ertify that	the infor	mation	given ab	ove is tru	e and compl	ete to the best	t of my kno	wledge.	
provec	d							Cab	ot Corp	oratio	<b>a</b>
-	, e	,		2				-	ompany or C		
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