NEW MEY OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) ALLOWABLE
HOBBS OFFICE OCC
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 iffermalities 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, New Maxico			July 24, 1962			
				(Piace	•	4.0		(Date	:)
			ING AN ALLOWABI				en.t	1,710	
company or Operator)			1 CALEGO	(Lease)	ll No	, in.		.1/4R.Br	
	•	•	, T. 19.8 , R.	•	v Peax	1 Queen			D.
Unit 14	ptter								
	Lea			dded 6/15/6	2 Dat	Drilling (Completed	7/9/62	
Plea	se indicate	location:	Elevation 3787					5085	
ו מ	C B	A	Top Oil/Gas Pay	4967	_Name of Prod	. Form.	Queen		
	ا ا		PRODUCING INTERVAL	-					
			Perforations 4967	-69. 4973-77.	4978-80	5046-50)		
E	F G	H	Open Hole					5047	
Ì	X		1		_casing snoe_	72.00	rubing		
L	KJ	I	OIL WELL TEST -						Cho
	* "		Natural Prod. Test:	bbls.oil	,b	bls water i	n hrs	,min	· Siz
			Test After Acid or	Fracture Treatment	(after recov	ery of volum	me of oil e	qual to vo	lume
M	N O	P	load oil used):	60 bbls.oil.	15 bbls	water in 2	A hrs. No	Che min. Si:	oke ze S ¥
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3000 A	& 2310/	لــــــــــــــــــــــــــــــــــــــ	GAS WELL TEST - Natural Prod. Test:		•				
	_	menting Reco	ord Method of Testing (pitot, back pressu	re, etc.):				
Size	Feet	Sax	Test After Acid or	Fracture Treatment	·	MCI	F/Day; Hour	s flowed	
8 5/8	164	75	Choke Size	_Method of Testing	:			· · · · · · · · · · · · · · · · · · ·	
			Acid or Fracture Tre	eatment (Give amou)	nts of materi	als used, su	uch as acid	, water, oi	l, an
4 1/2	5100	200	sand): See Pema						
2 3/8	5047		Casing Tu Press. 3000 Pr		first new	7 /00 //		****	
- 7/0	7,41		-				4		• • • •
			Cil Transporter Th					 	
		<u> </u>	Gas Transporter Wa						
			/2" casing with	-		•			
	Adomite	4 500 ga	llone Spearhead	said using 20) ball ses	lersA	Yerage	injectio)arc
····	rate 22.	7 HPM, m	arimm treating	presente. 3000	#				
I here	by certify 1	that the info	ormation given above	is true and compl	lete to the bes	t of my kne	owledge.		
pproved	-,,		19		Earl G. C				
pproved		"	-7		(0	Company or	Operator)		
0	CONSE	POVATEN	COMMISSION	Bv:	Th. K.	Smut	<u> </u>	,	
		A TAPION		,		(Signatu	re)		
	11/1	(/	//(Title	Agent				
John L. C. f f f f f f f f f f f f f f f			. Lat.	IIIIC	Send Comn	nunications	regarding	well to:	
itle		<i>W</i>			Paul G G				
				Name	Rerl G. C		VICES		
				Address.	BOX 763 HC				