Santa Fe, New Mexico

REQUEST FOR (OIL) - (XXXS) ALLOWABLE DE D. C. C. New Well Rekonkplexion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Dil 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			-	Hobbs, New Mexico Ju	_
A'E AR'	E HF	REBV R	EOUEST	(Place) (ING AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
LE OII	L & R	EFININ	G CO. 1	New Mexico State "K", Well No	. NE
"0	311	, Sec	32	T -17-S , R-35-E , NMPM., Vacuum Glorieta Date Well Completed	Po
Unit	Letter			Date Well Completed	l: 6 - 12-64
				County. Date Spudded 5-28-64 Date Drilling Completed	6-8-64
P	lease i	indicate l	location:	Elevation 3957 GR Total Depth 6210 FBTD	
D	C	В	A	Top Oil/Gas Pay 6088 Name of Prod. Form. Glorie	ta
E	F	-	77	Perforations 6088-6096	
		G X	H	Open Hole Depth Casing Shoe 6210 Tubing	6095
L	K	J	I	OIL WELL TEST - Natural Prod. Test:bbls.oil,bbls water inhrs,	Choke
				Test After Acid or Fracture Treatment (after recovery of volume of oil eq	ual to volume of
М	N	0	P	load oil used): 68 bbls.oil, bbls water in 9 hrs, 15	
7.000		NT 0	20(! F	GAS WELL TEST -	
1980	· rro	m NL-2	306' Fr	om FI MCF/Day; Hours flowedChoke	Size
Tubing ,	Casing	and Ceme	enting Reco		
Size		Feet	SAX	Test After Acid or Fracture Treatment:MCF/Day; Hours	flowed -
0 6	2/01	1 / 777	750	Choke Size Method of Testing:	
0-7	5/8"	1477	750		
4-]	1/2	6197	900	Acid or Fracture Treatment (Give amounts of materials used, such as acid,	water, oil, and
2"		6082	-	sand): 1000 Gal Acetic and 2,000 Gal 15% N.E. Retard	
				Press. — Press. 320 oil run to tanks 6-11-64	
				Oil Transporter Texas New Mexico Pipe Line Company	
				Gas Transporter Phillips Petroleum Company	~
lemarks	:		•••		
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	• • • • • • • • • • • • • • • • • • • •		*		
I he	ereby o	ertify th	at the infe	ormation given above is true and complete to the best of my knowledge.	
pprove			AUN 16	HUMBLE OIL & REFINING COMPANY	
FF. 0100		•••••••	resmini	(Company or Operator)	
	OIL 6	CONSE	RVATION	COMMISSION By Jack I Shompson	
				(Signature)	
v: <u>></u>	\mathcal{L}			Title Agent	
Engineer District			District	Send Communications regarding w	ell to:
itle			•••••••••••	Name HUMBLE OIL & REFINING COM	1PANY
				Address Box 2100, Hobbs, New Mey	cico 88240_

Address