## NEW XICO OIL CONSERVATION COMM' 'ON Santa Fe, New Mexico

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(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.

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ΕA	RE H	EREBY R	EQUESTI	ING AN ALLOWABL	(Place) E FOR A WELL K	NOWN AS:		(Date)	
<b>)_1</b>				Co., Inc.		, in.	<b>NB</b> !/4	<b>NE</b>	
			27	, T. 205, R. 1	Lease)	Lansh		Poc	
U	nit Lett								
• • • • • • • •				County. Date Spud	ded9/.9/.9% 2				
•	Please	indicate	location:		3566 Name				
D		B	A X	PRODUCING INTERVAL -	•				
				Perforations 35	6-80				
0		G	H		Dept Cas	th ing Shoe <b>3615</b>	Depth Tubing	3541	
				OIL WELL TEST -					
L	I	K J	I		bbls.oil,	bbls water in	hrs, _	Choke min. Size	
				Test After Acid or F	Fracture Treatment (af	ter recovery of volum	e of oil equa	al to volume of	
M			P	load oil used):	bbls,oil,0	bbls water in	hrs, <b>O</b>	Choke min. Size	
				GAS WELL TEST -					
_	• 			- Natural Prod. Test:	MCF/	Day; Hours flowed	Choke S	Size	
Ыŋ	g ,Casi	ng and Cem	enting Reco		pitot, back pressure, o				
Size		Feet	Sax	Test After Acid or F	racture Treatment:	мся	/Day; Hours f	flowed	
13	3/8	205	175	Choke Size	Method of Testing:			·	
5	1/2	3615	150	Acid or Fracture Tre	atment (G <del>ive</del> amounts o	of materials used, su	ch as acid, w	vater, oil, and	
_	~~~				. 011. 7500F an				
2	3/8	3541		Casing Tub Press. Pre Pre	ing Date firs ss. <b>190</b> oil run t	to tanks 9-16-62			
				Oil Transporter <b>Te</b>	man -New Mertico	Pipe Idne Co.			
				Gas Transporter	one				
mai	rks :			·····	•••••		••••••••••••••••••••	•••••••	
	•••••						••••••••••••••••••••••••••••••••••••••	•••••	
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						A Brolenstin		••••••	
pro	vcu					(Company or C	perator)		
	on	. CONSE	RVATION	COMMISSION	Ву:	Celle		·····	
/					min Bind	(Signatu		andant	
<u></u>				••••••	TitleSer	Title Division Production Superlus enders Send Communications regarding well to:			
le	ر × السب	<i>[</i>			NameB.	C. Webb			
						x 2075, Hobbs,	Mar Mard	<b></b>	
					Address				