CICO OIL CONSERVATION COMMI

Santa Fe, New Mexico

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.

			(Place) Midland, Texas May 12, 1958 (Date)
WE ARE H	EREBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
Cabet Ca	rbon Ger mpany or Op	pany St	ate of New Mexico "G" , Well No. 1 , in
,	p, v. op		(Lease) , T198 , R. 35E , NMPM.,
			•
.	08	· · · · · · · · · · · · · · · · · · ·	County. Date Spudded 4-4-58 Date Drilling Completed 4-17-5
Please indicate location:		location:	Total Depth 1916: PBTD 1900!
D	C B	A	Top Oil/Gas Pay 4004 Name of Prod. Form. Queen Sand PRODUCING INTERVAL -
E	P G	H	Perforations 1.7331 - 1.71.71 and 1.8601 - 1.8711 Depth Depth
L	KJ	Ī	Open Hole Casing Shoe 1015 Tubing h 8971 OIL WELL TEST -
No. 1			Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
М	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 115 bbls.oil, 1 bbls water in 21 hrs, 0 min. Size 2
			GAS WELL TEST -
			. Natural Prod. Test:MCF/Day; Hours flowedChoke Size
Tubing ,Casing and Comenting Record		nting Record	Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8 -5/8 *	33.6	30 0	Choke Size Method of Testing:
5-1/2	4,904	350	
2-3/8#	4,827		sand): 20 000 gal oil and 20 000# sand Casing Tubing Date first new Press-3000# Press-None oil run to tanks New 8 1678
	1		011 Transporter (actual Fit Cs.
j			Gas Transporter None
lemarks:	••••••••		
••••••••••	*	***************	1111 /1110 G 31
			mation given above is true and complete to the best of my knowledge.
pproved	••••••••	•••••••	
011	CONTERN		(Company or Operator)
OIL.	CONSER	VATION (COMMISSION By: (Signature)
y:			Title Dist Prod Supt Send Communications regarding well to:
itle	,	· ·***********************************	NameParcy.C. 01.Quinn