## NEW M-XICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well

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 talendar 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 Mexico June 20, 1	196
E ARE HERE!	BY REOUES	(Place) (Date) TING AN ALLOWABLE FOR A WELL KNOWN AS:	
		Los State WASH Well No. 3 in SE 1/2 ME	<i>\</i>
(Company	or Operator)	(Lease)	
Unit Letter	., Sec	T 19 , R 35 , NMPM, Pour Guern	Po
<b>Les</b>		County. Date Spudded 5-24-60 Date Drilling Completed 6-7-60 Elevation Total Depth 9078 PBTD 9061	
Please indi	cate location		
D C	BA	Top Oil/GBB Pay 4848 Name of Prod. Form. Cases	
		PRODUCING INTERVAL -	
EF	G H	Perforations 4448-50°, 4927-27°, 4972-74°, 9035-37°	
	G. I	Open Hole Casing Shoe Tubing 5016	
LK	<del></del>	OIL WELL TEST -	<b>~</b> .
LK	JI	Natural Prod. Test:bbls.oil,bbls water inhrs,min.	Chok Size
, .		Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volu	
MN	0 P	Chok load oil used): 1 bbls, cil, 1 bbls water in 24 hrs, min. Size	<u> 2</u>
		GAS WELL TEST -	
THE PARTY	* 7E	Natural Prod. Test:MCF/Day; Hours flowed Choke Size	
bing ,Casing an	d Cementing R	ecord Method of Testing (pitot, back pressure, etc.):	
Size F	ret Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed	
5-5/8n 3	129 14	Choke Size Method of Testing:	
		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil,	ano
W/3P 9	35	sand): 1980 gale 155 NRA, 16,600 gale ref ell will'of N-TT Ade	
-3/0- 31	130 -	Construct St.	-3
		Oil Transporter Persolan Oil Go.	
		Gas Transporter Warren Petreleum Gesp.	
marks :	••••••••		
•••••			•••••
I hereby cert	tify that the	information given above is true and complete to the best of my knowledge.	
proved		(Company of Operator)	
/			
OIK CO	INSERVATION NECESTATION	ON COMMISSION  By: Signature:	
MAIN	alle 1	Title Area Freduction Manager	
	1	Send Communications regarding well to:	
le		Name Gulf Cil Corporation	
<i>V</i>		New 2167. Hobbers W.W.	