NEW M ... ICO OIL CONSERVATION COMMIS... JN Santa Fe, New Mexico

(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.

into	the stock		ist be reported on 15.025 pair at 60 Trainemete. Midland, Texas December 1,1
			(Place) (Date)
ARE	HEREBY	REQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
	A Dee		neintee Callestee Well No
))	Company or	Operator)	(Lease) , T. 195 R. 35E , NMPM., Ulan Bill Pearl Cases Muth
1	Les		
		te location:	Elevation Total Depth
			Top Oil/Gas Pay 4758 Name of Prod. Form. Queen
D	C	BA	PRODUCING INTERVAL -
			Perforations 4975-4980
E	F	G H	Depth Depth Depth Open Hole Casing Shoe Tubing
╤╍╋		JI	OIL WELL TEST - Chok
L	ĸ		Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Chokerna
Mo	N	0 P	load oil used): 58 bbls,oil, 10 bbls water in 24 hrs, 0 min. Size
			GAS WELL TEST -
			Natural Prod. Test:MCF/Day; Hours flowedChoke Size
		Annual Pag	
	_	Comenting Rec	
Sire			Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
8-5/	/8 24	125	Choke SizeMethod of Testing:
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, an
5-1	/2 501	7 200	the set of
		.	sand): 1900 gals. Jan, 40 bet first new Casing Press. 1800 Press. Out oil run to tanks Nevember 29. 1960
8-3	/8 495	• • •	PressPress oil run to tanks
			Cil Transporter The Permian Corporation
			Gas TransporterNeme
emarks	s :	••••••••••••••••••	
I h	ereby certi	fy that the in	formation given above is true and complete to the best of my knowledge.
oprove			An Anter
prove	~		Xawan-
pprove		NSERVATIO	N COMMISSION By: (Signature)
pprove		NSERVATIO	N COMMISSION By:
pprove		nservatio	Production Superintendent
y: : : : : : :		nservatio	Title Send Communications regarding well to:
y:		NSERVATIO	Production Superintendent