NEW MEXICO OIL CONSERVATION COMMISSION

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

## **REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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.

					Hebb	s, New Mexico	Nove	mber 26, 1958
	TICDE		OURCEI		(	Place)		(Date)
NE ARE <b>Skoj</b>	HERE.	BY RE	QUESTI	NG AN ALLOWA	BLE FOR A W	ELL KNOWN	AS:	<b>a</b>
(	Company	or Oper	ator)	81	(Lease)	Well No	, i <b>n##</b>	
I	Letter	., <b>Sec</b> .	1	., T <b>205</b> , R	36E , NN	MPM., Mont	ment Abo	Poo
				County. Date Sp Elevation	3567'	Total Depth	76251 PBT	75401
Ple	ease indi	cate loo	ation:				Form. Abo	
D	C	B	A	PRODUCING INTERVA				
E	F	G	H	Perforations			Depth	
				Open Hole		Casing Shoe	DepthTubir	ig <b>7475'</b>
L	K	J		OIL WELL TEST -				
"	v	J	I	Natural Prod. Tes	t:bbls.	.oil,bb	ls water inhr	Choke s, min. Size
			-				ry of volume of oil	
M	N	0	Р				ater in <b>24</b> hrs,	
				GAS WELL TEST -			,	<u> </u>
2310	TSL A	6601	] 711.					
				-			s flowedCho	ke Size
	_		s	M Method of Testing	(pitot, back pre	essure, etc.):	···	
ODure	- 80		Sax	Test After Acid of	r Fracture Treatm	nent:	MCF/Day; Hou	rs flowed
13-3/1	<b>m</b> 3	24'	420	Choke Size	Method of Test	ting:		
							s used, such as aci	
9-5/8	27	61	1500				oil & socof s	. , .
5-1/2		251	875	Casing T	ubina D	ate first new		
74/4			•/2	-1			November 23,	
							Line Co.	
·				Gas Transporter	Warren Pet	roleum Corp.		
emarks:			#6 bas	rels oil in 24	house	••••••	••••	
			7	<b>Tels oll in 24</b> 21 (1)	HUUL'S.	1 - 1	1 7	
••••••	•••••••							C.C.S.
		-		rmation given above				
pproved.		<u>\$1</u>			9	********************************	<b>Dil Company</b> mpany or Operator)	••••••
					,			
C	DIL CO	NSERV	'ATION	COMMISSION	By:	4. M. Dun	(Signature)	
	10	6-	ĺ,				Superint endent	
y	dim. L.			The Color	Title.		inications regarding	
itle				, 			-	ن
			1			Skelly 01		Γ.Λ.
					Addr	ess Box 38 - 1	lobbs, New New	<b>iee</b>