NEW XICO OIL CONSERVATION COMM' ON 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

					(Place)		(Date)
C. 3	E. I	ONG	_	NG AN ALLOWABLE FO Sinelair-Fade	wa7	4 .	NE 1/4 NW 1/4,
()	Compa	ny or Op	erator)	(Lease)	::.ऋ:::, Well INO	. , in.	numen t Pool
(3	, Sec.	28	T 19-5 R 37-	E, NMPM.,	Buncie-Mo	nument Pool
Unit	Letter		* • •	,	- 1 d m - 1 m in		
Lea. Please indicate location:			Les.	County. Date Spudded	3/15/59 BTotal D	Date Drilling Copput 3934	perb 3/26/59
	rase II	iuicate i	ocation.	Top Oil/Gas Pay 3875	Name of	Prod. Form. 6	PBTD 3931'
D	o'C	В	A	PRODUCING INTERVAL -			
E	F	G	Н	Perforations 3875-		Shoe 3934'	Depth Tubing_ 3925
+	72		1	OIL WELL TEST -		3.00 <u>3331</u>	-
L	K	J	I		•		Choke hrs, min Size
M	N	0	P				ne of oil equal to volume of Choke 6 hrs, 40 min. Size — P
			1 1	GAS WELL TEST -			
				Makanal David Tark	INT (D		Choke Size
				_			
•	asing	_	nting Record	3 ,			
Size		Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed			
8 5/	/8	289	200	Choke SizeMethod	d of Testing:		
42"	3	922'	900	Acid of Fracture Treatment	L 6000 gal r	efined \$1	12000# frac.
2 3/	8 3	912'		Gasing Open Tubing Press.	Date first no oil run to t	ew 4/8/59)
				Gas Transporter Gulf		rude 011 1	Prohasing Dept.
emarks :	Th	is co eatme	rrected nt data	report is made	to correct		and fracture Fransporter.
				mation given above is true		E. LONG	***********
(oil e	ONSER	, RVATION∕	COMMISSION	∕ By:	Company or C	,
	(h)		10 x		Title	(Sigpatu WNOT	re)
	ساء ويسن و د وس	·				Communications	regarding well to:
tle		•••••	<i></i>		Name C.	E. Long	
					1 valit		Midland. Texa