NEW N KICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (UAS) 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.

into un	stock tan	ks. Vas mus	to be reported on roots	Mobbs,		August 23,196
		eoueeti	NG AN ALLOWABL	(Place)		\ /
ARE H	EREBY K	FOCESII	NG AN ALLOWADL	There well	No. 10 ir	NE 1/4 NE 1/4
(Con	pany or Op	erator)	, (Lease)		
A	Sec	10	, T. 19-8 , R	38-1 , NMPM.	" Medds	Poo
Unit Lati	-			5-2-57	Data Builling	Completed 5-28-57
	Les		County. Date Spud	L RDR	otal Depth 1360	Occuplated 5-28-57 PBTD 4272
Please	indicate	location:			Name of Prod. Form.	
D	В	A				
		I	PRODUCING INTERVAL	•		
		H				2, 4166-69, 4177-40, Depth
E	G	т п	Open Hole	C	Casing Snoe	Tubing
			OIL WELL TEST -			Ch a)
L	K J	I		bbls.oil.	bbls water	Chok in hrs, min Size
	ŀ					ume of oil equal to volume o
М	N 0	P				Choke min. Size
· '	"		load oil used):	DD15,011,	DD12 water In	<u> </u>
			GAS WELL TEST -			
			_ Natural Prod. Test:	}	MCF/Day; Hours flowed	Choke Size
bing Cas	ing and Cen	enting Reco	rd Method of Testing (pitot, back pressure	e, etc.):	
Size	Feet	_	Test After Acid or	Fracture Treatment:	7	MCF/Day; Hours flowed
4 5/4	306	260			Marie Ma	
8 5/8	 	 	Acid on Eracture Tr	eatment (Give amount	ts of materials used,	such as acid, water, oil, an
5 1/2	4360	1600		TOP		- 1866 lb Alum mell
0 **	13.97		Casing Tu	bing Date	first new	t 16,1961
2*	4137					
			Oil Transporter	Shell Pipe is	ne Company	
	<u> </u>	4	Gas Transporter	FREE STATE		
marks:.b	ell.was	drilled	and temp. aban	iened in May 1	.957; ourrest we	rk-was-scamenced
	-15-61	and comp	loted 8-16-61			
I herel	v certify	that the inf	formation given above	is true and comple	ete to the best of my l	inowledge.
			, 19		AMOUNT CAR . T. STATE.	PANE NEC PATER
hrosea	······································			Origin	(Company onal Signed by:	er Operator)
Ω	IL CONSI	ERVATIO	N COMMISSION	By: V. 19	STALEY (Sign	**************************************
. ب	- CO1401		/ / /	-	, -	
6 10	(2.0	, <u> </u>	<u> </u>	Title	Area Superinter	dent
, 		/	<i>- - -</i> .			ns regarding well to:
ماه	× //				W. R. Stalev	
iue				Name	V. E. Staley	· · · · · · · · · · · · · · · · · · ·

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