REQUEST FOR (OIL) - (1884) 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 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.

	ile invices among			Mexico	April 4, 1961 (Date)			
VE ARE I	HEREBY RI	EOUESTI	NG AN ALLO	OWABLE FO	R A WELL KNO	WN AS:	,	•
		_			y, Well No1		v	
(Company or Operator) D , Sec. 29		~ 100	(Lease)	NIMPM		U4 i dost	D1	
Unit L		47	, I 172	, K 39 &	, NMPM.,		WITOERC	P001
L	84		County. D	ate Spudded.3:	9-61	Date Drilling C	ompleted .3-2	0-61
Plea	se indicate le	ocation:		_	Total D			
x ^D	C B	A	Top Oil/Gas	Pay 4262	Name of	Prod. Form. Sa	n Andres	
			PRODUCING I	MTERVAL -			-	
E	F G	H	Perforation	s 4282-42	Depth		Depth	
	r d	"	Open Hole		Casing	Shoe 43641	Tubing 418	51
			OIL WELL TE	<u>sī</u> -				Choke
L	K J	I	Natural Pro	d. Test:	bbls.oil,	bbls water in	hrs,	
			Test After	Acid or Fractur	e Treatment (after	recovery of volum	e of oil equal to	volume of
M	N O	P	load oil us	ed):_30b	bls.oil, 29	bbls water in 24	hrs, <u>0</u> min.	Size mpg
			GAS WELL TE	<u>st</u> -				
			Natural Pro	ud. Test:	MCF/Day	: Hours flowed	Choke Size	
tuhing Ca	sing and Ceme	nting Recor			back pressure, etc.			
•		Sax			e Treatment:			
			T		of Testing:			
7"	1584	365	<u>-</u>					
4 1/2"	4359	100	1		(Give amounts of m			
	4337	***	sand): 25	O gals MCA	& 500 gals re	g. seid & 15	00 gals 15%	NEFe.
			Press.	Press.	Date first n oil run to t	anks April 1	, 1961	_
			Oil Transpo	rter The P	rmian Corpora	tion (trucks)	
		<u> </u>	Gas Transpo	orter No tr	maporter in a	rea		
lemarks:		. • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •	
			•••••		,			
				-1 ,		***************************************		
I here	by certify th	at the info	ormation giver	n above is true	and complete to t	he best of my kno	wledge.	
pproved				, 19	Carper Dri	Company or	•••••	
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C	IL CONSE	RVATION	COMMISSI	ON	Ву:	(Signatu	re)	
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ی کسیک: .y:	<u> </u>	1/1			Little	President Communications	regarding well to);
By:	:- (1/1			Send ():