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## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWARLE

(Jeviation Surveys on Back)

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 sense. 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.

			•	Hobbs, New Mexico	
				(Place)	(Date)
VE ARE H	EREBY RE	EQUESTI	NG AN ALLOWABLE FO	OK A WELL KNOWN AS: y_Tr., wen'no, ir	07 1/ 07 1/
n/meric (Con	an etro	leum Cor rator)	rporation	y <b>:::</b> , Well No.:2/, u )	1Sis/4,
			, T195, R38	E, NMPM.,Hobba	Pool
Unit Las			Causer Data Smuddad	l=30=63 Date Drilling	Completed 2-2-63
	e indicate lo		Elevation 36061 RDB	Total Depth 1111	PBTD 4110'
Please	e indicate ic	xauon:		6: Name of Prod. Form.	
D (	C B	<b>A</b>	PRODUCING INTERVAL -		
			Perforations LO56!	-4107' various interval	ls
E	F G	H		Depth Casing Shoe <u>Llll</u>	Deoth
			OIL WELL TEST -		
L	K J	I		bbls.oil,bbls water	Choke
				ure Treatment (after recovery of vol	
M	N O	P			Choke
		*		bbls.oil, bbls water in	21, 11ts, min. 5124 Primp
			GAS WELL TEST -		
9901 F3	Y 2301 F	E	\ <u></u>	MCF/Day; Hours flowed	Choke Size
_ *	ing and Come	_		, back pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fractu	ure Treatment:M	CF/Day; Hours flowed
8-5/8" 402 225			Choke Size Metho	od cf Testing:	
			Acid or Fracture Treatmer	t (Give amounts of materials used,	such as acid, water, oil, and
4-1/2"	4334	320	sand): 500 gal aci	d, S-C-F 14,600 gar out,	7,300#. <b>s</b> n.
2"	4036		Casing Tubing Press. Press.	Date first new oil run to tanks 2-26	-63
	1			ana Oil Purchasing Co. (T	
			Gas Transporter		•
Remarks:			Ods IIdiispoi toi		•••••••••••••
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		****************	•••••		
T baseb		at the info	ormation given above is tru	e and complete to the best of my ki	nowledge.
			, 19	Pan American fetrol	eun Corporation
pproved				Original Signe Company or V. E. STALEY	Operator)
Q.H	CONSER	VATION	COMMISSION	By:(Signal	hime )
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y: (	<u>U.,,</u>			Title Area Supprintende	s regarding well to:
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Title				Send Communication Name. V. E. Staley	s regarding well to:

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