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## NEW MEXICO OIL CONSET "ATION COMMISSION Santa Fe, New Meaning REQUEST FOR (OIL) - (GAS) ALLOWARLE SEP 22 11 Recompletion

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

This form shall be submetted by the operator before an initial allowable will be assigned to any completed of the operator before an initial allowable will be assigned to any completed of the operator before an initial allowable will be assigned to any completed of the operator before an initial allowable will be assigned to any completed of the operator before an initial allowable will be assigned to any completed of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the operator before an initial allowable will be assigned to any complete of the ope 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 upletion or recompletio. The completion date shall be that date in the case of an oil well when new oil is deliv-

onth of completion or recompled into the stock tanks. Gas mu			Jas must	t be reported on 15.025 psia at 60° Fahrenheit.  Hobbs, New Mexico			9-31-64			
					14/4 BI E EOU	(Place)	IOWN AS:		(Date)	
E ARE I	HEREB'	Y REQ	UESTIN	G AN ALLO	Wable for I <b>. Sarkevs</b>	A WELL KN	1	in <b>SW</b> 1,	, IM	1/4
_					(1.0040)					
R		Sec	26	T. 21 S	, R. 37 I	, NMPM.,	Bline	bey		Pool
	حمده						Date Drillin			
				Elevation	3399 DF	Total	Depth 6560	PBT.D	6555	
Plea	se indic	ate loca	tion:	Top Oil/Gas	Pay 5745	NameName	of Prod. Form	Blimph	TY	
D	C	В	A	PRODUCING IN						
				Perforations	5745.	5757, 5784,	5790, 5794	, 5802, 580	5, 5819	<b>&amp; 5</b>
E	F	G	H	O Nole		Depth Casir	ng Shoe <b>6#4</b>	Depth Tubing	58341	
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L	K	J	ī	OIL WELL TES	=				Ch	noke
			_				bbls water			
				Test After A	cid or Fracture	Treatment (afte	er recovery of vo	olume of oil equ	ual to volume Choke	) ot
M	N	0	P	load oil use	d): <b>134</b> bi	ols,oil,	bbls water in	<b>34</b> hrs, <b>0</b>	min. Size_	4/4
				GAS WELL TES	<u>ı  </u> -					
			L	Natural Prod	. Test:	MCF/	Day; Hours flowe	dChoke	Si ze	
ubing Cr	(FOOTAG	F)   Cement	ing Record				tc.):			
bubing Gasing and Gementing Reco					Acid or Fracture	e Treatment:		_MCF/Day; Hours	flowed	
				7						
										and
				Acid or Frac	ture Treatment	(Give amounts o	f materials used	20,000f	20-40 400	عف
	_		<del></del>	Casing	Tubing	Date firs	t new o tanks	0-10-64		
2-1/1	.00	128	·	Press.	ress	oil run t	o tanks	A-73-64		
2-1/1	4 8	E34		Oil Transpor	rter Texas	Men Menico	Pipe Line C	arbon's		
				Gas Transpor	rter_ Shelly	OL1 Compan		<u> </u>		
emarks:	·····	ari	gyty.	34.9 <b>G</b>	02 411/1			••••••••••	**************	
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I her	eby cert	ify that	the info	rmation given	above is true	and complete t	to the best of my	knowledge.	-	
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