E 4	TRIBUTION		(Form C-104)	
SANTA FE		Santa Fe. New Mexico	Envised 7/1/57	
FILE				
U.S.G.S		REQUEST FOR (OIL) - (GAS) ALLOWAPLE		
LAND OFFICE		REQUEST TOR (OIL) - (GRA) ALLOWAFLE	1	
TRANSPORTER	OIL			
	GAS		Normaliate	
FIGRATION OFFICE				
OPENATOR			Recompletion	

This form Coast be submetted 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.

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FART	F HEI	REBY RE	EOUESTI	NG AN ALLO	WABLE FO	R A WELL KNO	WN AS:		(
						, Well No		SE !	4	1/4
(Comp	any or Ope	rator)		(Lease)	,				
	Latter	, Sec				, NMPM.,				
			Lea	. County, Dat	e Spudded	Date recom	pleted 10-29 Date Drilling C	-60 mpleted		
		ndicate le		Elevation	3/1/01		epth 7603 (P	В) РВТД	39/121	
				Top Oil/See F	Pay36141	Name of	Prod. Form0	rayburg.		
D	C	B	A	PRODUCING INT	TERVAL -			•		
				Perforations	36441	3689 . 3707	. & 37251			
E	F	G.	e H	Open Hole		Depth Casing	Shoe	Depth Tubing_	36511	
				OIL WELL TEST	- 1					
L	K	J		Natural Prod.	- . Test:	bbls.oil,	bbls water in	hrs,	min.	Choke Size
						re Treatment (after				
M	N	0	P			bbls.oil,			Chol	ke 🛛
				GAS NELL TEST						
					-	MCF/Day	+ Hours flowed	Choke	Size	
			nting Reco			back pressure, etc.				
ubing "Casir Sure		Feet	Sax			re Treatment:				
						d of Testing:				
13-3	/8*	2971	300							
9-5	5/84	28001	1300			t (Give amounts of m				
				sand): 20,	000 gals	ref. 011. 1/10	Adomite M	11 4 3#	SPO.	
7*		76491	700	Press.	Press.	Date first n	anks Novembe	<u>r 1, 196</u>	0	
				Oil Transpor	ter	Shell Pipelin	_			
				Gas Iranspor	ter	Warren Petrol	eum Corp.			
mark	s:	A~	<i>л 1</i>	11.	1.00	surble		•••••••••••••••		
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			••••••	• • • • • • • • • • • • • • • • • • • •			1 1 <i>4 - 6</i> 1		••••••	
Ιh	ereby	certify th	at the info	ormation given	above is tru	e and complete to t	f Of Corrow	ation		
oprove	d				, 19	Gul	(0			
	OIL	CONSEL	VATION	COMMISSIC)N	By:	(Signatu	<u>(1.1.1.2</u> re)	el.	
	Un		11/	Un III		TitleAre	a Production	Manager		
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tle				••••••••••••••••••••••••••••••••••••••		Name	f Oil Corpor	ation		
						Address Box	2167, Hobb	s, New M	exico	
						AddressBox	2167, Hobb	s, liev M	exico	