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

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

## **REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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 sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during talendar 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.

					(Place)			<b>Jamary 12, 1959</b> (Date)		
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o Tem	B Company	<b>.</b>	V.M. Her	Mars di	, Well No.	2	, in		1/4 <b>85</b>	
	mpany or O	30	, T. <b>21-5</b>	(Lease) 37-E	In the second	enres	- Skalls	7		
			County. Dat	te Spudded	11-19-58	Date	Drilling Co	mpleted	11-25-58	
	se indicate		Elevation	30961	Total	Depth	52101	- PBTD_	51321	
r ica:					Name					
D	C B	A	PRODUCING IN							
	X									
E	F G	H	Perforations	36861 te	3714 3742 Depth	- 3762	1 3770-	Depth	610-3026	
-	-   -		炎 Open Hole		Casin		52101	Tubing_	385	
			ÓIL WELL TEST	[ -						
L	KJ	I							Ch	
					bbls.oil,					
M	N O	P			e Treatment (afte					
m	NO	F	load oil used	i): <b>_96</b> b	bls.oil,	bbls w	ater in' <u>6</u>	hrs, <u>0</u>	min. Size	
			GAS WELL TEST	T <b>-</b>	·					
·			— Natural Prod.	Test:	MCF/D	ay; Hour	s flowed	Choke	Size	
ubing ,Cas	ing and Cem	enting Reco	ord Method of Tes	sting (pitot,	back pressure, et	.c.):			·	
Size	Feet	Sax	Test After Ad	id or Fractur	e Treatment:		MCF/	Day: Hours	flowed	
-4.65					of Testing:					
5/8*	1224	800			or reacting					
78	5078	500	Acid or Fract	ure Treatment	(Give amounts of	materia	ls used, suc	h as acid,	water, oil,	
	2010		sand):	a semante			i.			
5/8=	120		Casing	Tubing	Date first oil run to	new		<b></b>	10 1000	
				-			(		AV, 4777	
2.3/8*	36491		Oil Transport	er <b>Shel</b>	1 Pipe Line			·		
			Gas Transport	er <b>New</b>	•	-				
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I hereb	y certify th	hat the inf	ormation given a	above is true	and complete to	the best	of my know	wledge.		
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				, <b>.</b> ,		(Čo	mpany or O	perator)		
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