NEW N XICO 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 sente 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.

				(Place)	
		-		OR A WELL KNOWN AS:	und and a
nerada (Com	pany or Op	E COPPOE erator)	ation - J.G. Har (Lease	, Well No5	.NE <i>f</i>
Unit Late				, NMPM.,	
Les		····	County. Date Spudded.	Date Drilling C	cmpleted
	indicate l	ocation:		Total Depth 78561	
<u>R-37</u> D 0		A	PRODUCING INTERVAL -	73901 Name of Prod. Form. Mo	
			Perforations 73901	- 7413'	
E	G	H	Open Hole	Depth Casing Shoe 7856	Depth Tubing 7339!
Se	. 33		OIL WELL TEST -		
LR	-	I		92 _bbls.oil,bbls water in	Choke 7 hrs, - min. Size 20/6
#5	•			ure Treatment (after recovery of volum	
MN	0	P	•	bbls.oil,bbls water in	Choke
			GAS WELL TEST -		
<u>↓</u>				MCF/Day; Hours flowed	Choke Size
Sire	ng ani oem Feet	enting Recco Sax		, back pressure, etc.):	
				ure Treatment:MCF	
3-3/8"	216	200	Choke SizeMeth	od of Testing:	
8-5/8*	27481	1200	Acid or Fracture Treatmen	nt (Give amounts of materials used, su	ch as acid, water, oil, and
<u> </u>			sand): none	Date first new	
5-1/2"	78561	600	Casing Tubing Press. Press.	oil run to tanks_11-17-59)
			Oil Transporter Shel	1 Pipe Line Co.	
			Gas Transporter Skel	1 v 011 Co.	
marks :	Set Brid	ge Plug	@ 74601 - Perforate	d.52	31,-
F	lored 5	1.92.bbl	s.oil. no water in	7-hrs. on 20/64" choke, TP	190#. Gas
	colume 2	02,130 0	FGP/D, GOR 1,135 -	.24 Hr. rate 178.08 bble of	1.
				ue and complete to the best of my kno	
					peration
OII	L CONSE	RVATION	COMMISSION	By: By: Signatu	<u>(</u>
	1/1	4	11/14/	Title Asst. Dist. Supt.	·····
:{{{{{{{{		<i>L</i>	~	Send Communications	regarding well to:
itle				Name Amerada Petr. Corp.	
				Address Box 706, Eunice, 1	Ver Mertico