## NEW M. .ICO OIL CONSERVATION COMMIS: .N Santa Fe, New Mexico

(Form C-194) Revised 7/1/57

## REQUEST FOR (OIL) - (CAS) ALLOWABLE

Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Offer 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 now oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			•	Hebbs, New Marches	3-5-64
				(Place)	(Date)
				FOR A WELL KNOWN AS: WELL No, in	<b>ST</b> 1/ <b>ST</b> 1/
(Co	mpany or Op	erator)	(Les	rse)	
<b>.</b>	Sec	35	, T. 218 , R 3	78 NMPM., Rlinebry	Pool
				d 12-11-63 Date Drilling	
				Total Depth 6535	
Plea	se indicate	location:		Non- of Dead Com-	R7 (mahaar
D	C B	A	PRODUCING INTERVAL -	683-85,5687-94,5696-5700,57	26-30,5738-46,5768-82
	,				12-28,5848-66,5868-80
E	F G	н	Perforations	Depth	Depth Tubing 5608
				Casing Shoe 411	lubing
L	KJ	<del>                                     </del>	OIL WELL TEST -		Choke
-		•	Natural Prod. Test:	bbls.oil,bbls water i	n hrs, min. Size
	<del></del>			cture Treatment (after recovery of volu	
M	N O	P	load oil used): 136	bbls.oil, bbls water in 2	hrs,min. Size
ł			GAS WELL TEST -		
			Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
ubing Ca	sing and Cem	enting Reco	_	ot, back pressure, etc.):	
Size	Feet	Sax	-	cture Treatment:MC	
			<b>T</b>	thod of Testing:	
13 3/8	260	250			
9 5/8	2600	1500		ment (Give amounts of materials used, s	
1 49			I Casina Tubino	mals.reg. Sand Cras 32,500	
5}"	6399	350	Press. Press.	oil run to tanks	
-1-	-/			SKE	CITVE JANUARY 31, 1077, LY OIL COMPANY MERG
14.	5608	90%	Gas Transporter Ste	11y 011 Company INTY	CETTY OIL, COMPANY.
emarks:	(				
/.,.		Lea		3/18/11	
	P. P. M.				
I here	by certify th	hat the inf	ormation given above is	true and complete to the best of my kn	owledge.
pproved			<b>, 19</b>	Cities Service Cil	
. ~				By: CARebettee	•
0	IL CONSE	RVATION	COMMISSION	By: (Signate	
	101	21/	A Carried	District Clark	
r: <u>,                                 </u>			1 (A.111)	Title Send Communications	regarding well to:
tk/	/ 			···	
					Man Man A no
		•		Address Box 69 - Hobbs,	NOW MAKE.