NEW MEXICO OIL CONSERVATION COMMUCTION 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 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.

						Midlan	d, 'iexas	5	March	25, 19	5 ò
						(Place	-			(Date)	
E ARE Ray &	HERE Wes	BY RE tlund	QUESTI E	NG AN ALLO Daisey Bla	nkenshij) We	L KNOWN	AS: 3	SW	₩ SW	
C) M	Company	or Open	nator) 12	, т. <mark>2</mark> 05	(Lease) ., R. 38B	, NMPI	M., Hous	se			Pool
W1-40 Î	Latter										
				County. Dat	e Spudded 569 KB		Dat	 Drilling (7105 	Completed "	7073	
Ple	ase ind	licate lo	cation:	Elevation 3569 KB Total Depth 7105 PBTD 7073 Top Oil/Gas Pay 6956 Name of Prod. Form. Drinkard							
D	С	В	A	PRODUCING IN	ERVAL -		_				
				Perforations	7023	- 7029	4 slue	ots per	foot		
E	F	G	H				_Casing Shoe_	7078	Tubing_	7026	•
L	K	J	I	OIL WELL TEST	Test: NO	bbls.oil	•t	bls water i	nhrs,	min.	Choke Size
M ₀ 3	N	0	P		cid or Fractur d): <u>110</u> t						
950'		·		GAS WELL TES	-						
980				- Natural Prod	Test:		_MCF/Day; Hou	rs flowed _	Choke	e Size	
Lubing ,C	asing a	nd Cemer	ting Recor	rd Method of Te	sting (pitot,	back pressu	re, etc.):	<u> </u>			
Size	•	Feet	Sax	Test After A	cid or Fractur	re Treatment	:	MC	F/Day; Hours	s flowed	
13 3/	18 3	20	250	Choke Size	Method	d of Testing	"	<u> </u>	· ·		
8 5/	18 32	.04	700		ure Treatment						, and
5 1/	2 70	95	1100	sand): 100 Casing Press. 100	D gallon Tubing Press. 3	s acid 25 Date oil	<pre>- riusn first new run to tanks_</pre>	March	24, 1	958	
2 3	18 70	26		Oil Transpor	er_Vest	ern 1ra	ansp ort				
				Gas Transpor							
temarks:	Jas	5-0i1	Ratio	920 -1					••••••••••••••••	•••••	
					•••••	• • • • • • • • • • • • • • • • • • • •			•••••••	••••••	
				•••••						· • • · • • • • • • • • • • • • • • • •	
I her	eby cer	rtify tha	at the info	ormation given	above is true	and comp	lete to the be	st of my kn	owledge.		
				•••••••••••••••••••••••••••••••••••••••		RA	$\mathbf{A}\mathbf{Y} = \mathbf{W}\mathbf{E}\mathbf{S}$	'ILUND Company or			
						17) (Company or			
C	DIL CO	ONSER	VATION	COMMISSIC	N	By: / //	EARLA	Signati	are)		
	19	F	7-1	x-Don	- 4	T 1 - D	perator	- Const	モノー iltin	e 01 0	ist_
By:	مس			-uc		Title	Send Com	munications	regarding	well to:	
	1	4									

Address P.O. Box 1385, Midland, Texas