O OIL CONSERVATION COMMI

Santa Fe, New Mexico

REQUEST FOR (OIL) - (RAS) ALLOWABLE OFFICE OCCUMPLEUON

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-104 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed daring 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) (Date	
ARE F	EREBY R	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	
cony M	eb11 011	Company	(Lease) Well No	
(Co	mpany or Op	erator)	, T206, R388, NMPM., .Drinkerd	Pool
-	**			
<u> I</u>			County. Date Space 7-11-60 Date Space Completed 8-2-60	<u> </u>
Please indicate location:			Elevation 3563 6. L. Total Depth 7456 PBTD 7694	
DOLC E		ВА	Top Oil/Gas Pay 6933 Name of Prod. Form. Yes	
3	C B	^	PHODUCING INTERVAL -	
			Perforations 6933, 6945, 6967, 6982, 4 7660 Depth Depth Depth	
E	F G	. Н	Open Hole Casing Shoe 7450 Tubing 7073	
			O:L WELL TEST -	Chaka
L	K	I	Natural Prod. Test: bbls.oil, bbls water in hrs, min	Choke Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to vo	
М	N O	P	load oil used): 38 bbls.oil, 59 bbls water in 24 hrs, min. Si	.ze
			GAS WELL TEST -	
		·	Natural Prod. Test:MCF/Day; Hours flowedChoke Size	
		Bass		
bing ,Ca. Sire	sing and Cem Feet	BRUING MOO		
Sire	1	1	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed	
0 3/4	364	175	Choke SizeMethod of Testing:	
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, o	il, and
7 5/8	3170	1700	sand): Acidized w/11,000 gale 15% Negelinelisies	
5 1/2'		775	Casing Tubing Date first new oil run to tanks 8-8-65	
Liner	4505	775	Cil Transporter Secony Mabil Cil Company, Inc.	
				10
		30 10 0	Cas Transporter	alle
marks:	AXAATEN		Cas Transporter	
		C.T	of Clarica & Wichiel	
		AYLa	A hand of my browledge	
I here	by certify t	hat the ind	normation given above is true and complete to the best of my knowledge.	
proved		AU G	Socony Habil Oll Company, Inc.	
			(D+td kungolo)	
C	L CONSE	ERVAPIO	ON COMMISSION By: (Signature)	
	76	HIN	Bietrick Superintendent	
(. L ag	$A \Lambda \Lambda$	SI	Send Communications regarding well to:	
itle			Secony Mebil Oil Company, Inc.	
	/.	F-	noinger District 3	
		****	Address Box 2406, Robbs, New Mexico	