## NEW XICO OIL CONSERVATION COMM Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE 10

New Recompletion 33.1

Well

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 delivthe reported on 15.025 psia at 60° Fahrenheit.

l inte			Lastic Bickson - mysers Marca 9, USA	. Hobbe How	Maries	(Date)	
					FOR A WELL KI	NOWN AS:	τ, ,
NGL	<b>FAIRE</b>	<b>Gif</b> CG	PORAT	NG AN ALLOWABLE	NAR Well No.	1 in	<b>ST</b>
11.1	r Qili		Section 2		( see	_	<b>83</b> <sup>1</sup> /4 <b>88</b> <sup>1</sup> /
2				, T <b>225</b> , R <b>36</b>	<b>E</b> , NMPM.,	South Davis	lPo
							capleted 5-5-58
				Elevation	Tota	1 Depth	PBTD
P	Please	indicate lo	cation:	Top Oil/Gas Pay 37	Name	of Prod. Form	
D	C	В	A	PRODUCING INTERVAL -	·		
					-		2 3/8 @ Depth Tubing <b>3735</b>
E	F	G	H	Perforations			Depth Tubing
				Open Hole			
L	K		I	OIL WELL TEST -			Chok
1				Natural Prod. Test:	bbls.oil,	bbls water in	nhrs,min. Size
				Test After Acid or Fi	racture Treatment (af	ter recovery of volum	me of oil equal to volume o Choke
M	N	0	P	load oil used):	bbls.oil, _	bbls water in	hrs,min. Size_]
			I	GAS WELL TEST -			
				Natural Prod. Test:	MCF,	/Day; Hours flowed _	Choke Size
ubing	Casir	ng and Ceme	nting Reco	ord Method of Testing (p	itot, back pressure,	etc.):	
Size		Feet	Sax	Test After Acid or F	racture Treatment:	мс	F/Day; Hours flowed
					Method of Testing:		
	\$/8	330	250			of materials used. S	uch as acid, water, oil, an
	1/2	3850	Acid or Fracture Treatment (Give amounts of materials used sand): 20,000 gals all & 20,000 lbs sand				
				sand): Tub	ing Date fir	st new	1062
2		3735					1953
					Kanifer Merico.		
			<b></b>	Gas Transporter	alling Plac Id.	un Company	
emar	<b>ks :</b>			·····	••••••••••	•••••••	
			••••••		•••••••••••••••••••••••••••••••••••••••	******	
		•••••				an aba base of my ky	nowledge.
Ι	hereby	y certify tl	nat the in	formation given above	is true and complete	to the best of my k	lowiceBc:
pro	ved			, 19.		Company or	Operator)
			ti en i		Ru. A	bl- alt	c L
	OI	L CONSE	RVATIO	N COMMISSION	Ly	(Signat	ture)
	$\tilde{c}$	27 1	F1	icher.	TitleB	st. 3131.	دمغ المربع عرائي
5y:					S	end Communication	s regarding well to:
litle .					Name.	. Shiter	
liue.							