NEW M®XICO OIL CONSERVATION COMMISSION

Santa Fe. New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (CAS) 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.

					NODDS, New		nay	3, 1300
5 AOF 115	DEBV DE	OUFSTIN	NG AN ALLOW	ARIE EOR	(Place) A WELL KNC	WN AS-		(Date)
CITIE	S SERVIC	EOILC	0. ^C	losson B	Mall No.	10	SW I/	SW 14
(Comp	any or Oper	rator) 18	225	(Leave) _ 36E		Ja] ma	t 011	
Please indicate location:		·, • ······		-13-60			4-22-60	
		••••••	County. Date	Spudded DF		Deite Drillin 387	2 fampleted	3867
Please	indic ate lo	cation:	Elevation	35291	iotal .	Jepti	Yates	
DC	B	A	Top Oil/Gas Pa	У	Name of	Frod, Form.		
-			PRODUCING INTE	RVAL -			3702-3698,	
EF	G	H	Perforations		Denth	3871	Decth	3692
r r	G	п	Open Hole		Casing	Shoe	Depth Tubing	
			OIL WELL TEST					
LK	J	I	Natural Prod.			bbls water	inhrs,	Choke min, Size
			Test After Aci	d or Fracture	Freatment (after	recovery of vo	lume of oil equal	l to volume of
MN	Ő	P	load oil used)	50 bbl	0	bbls water in	6 0 hrs,	Choke 24 , min. Size
X			GAS WELL TEST			-		
		لــــــل				u ilaura flavod	Choke S	170
		ting Peace						
ubing "Casin Sur	g and comer Feet	Sax			ck pressure, etc			
T			T				MCF/Day; Hours f.	
-5/8 00	1600	900	Choke Size	Method o	f Testing:			
5-1/2 00	3863	600	5	00 gals. a	cid		such as acid, wa	ater, oil, and
2-3/8 00	3692	-	Casino	Tubing	Date first r oil run to	new May	1, 1960	
2-3/0 00	3032		Press.	Press Texas	oil run to -New Mexico d Carbon Con	Pipeline (.	
			Oil Transporte	"Unite	d Carbon Col	mpany		
	ł		Gas Transporte					
emarks:	•••••••			z/,	1 -	•••••		
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••••••					••••••		la oulod go	
I hereby	certify that	at the info	rmation given a	bove is true a	nd complete to t	SERVICE D	IL COMPANY	
pproved	·····	······	······	, 19	••••••	/ (Company)	or Operator)	
			6000 acces		By:	toplate	LAL-	
OIL		VATION	COMMISSION		,	· · · · · ·	ature)	
	11	4/1	1/2000		Title	trict Supe	· · · · · · · · · · · · · · · · · · ·	
Y				•••••••••••••••	Send	Communicatio	ons regarding we	ll to:
						M. Geyer		

Address...... Box 97, Hobbs, New Mexico