NEW M TICO OIL CONSERVATION COMMIT ON Santa Fe, New Mexico

CORRECTED REPORT

**REQUEST FOR** (OIL) - (GAS) ALLOWABLE

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

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.

					(Place)	lland,Tex		MAT	(Date)
E BRITI	SH AMERIC	AN OIL PR	NG AN ALLOW RODUCING COMPA	IT JALMAT	SANDWell No.			. <b>S</b> V	4. SV
( <b>C</b>	ompany or O	crator)	., T <b>22<del></del>3</b> ,	(Lease)U	MT.T.				
Unit L	atter 7 15 A				2.27.1063	Data Dur	114 0		3_3_1063
LEA Please indicate location:				•	Total				3-3-1963 4009
					Name				
D	СВ	A	PRODUCING INTER	VAL -					
			Perforations	 3033-52. 1	390 <b>728.389</b> 2	-3900 and	3837_	56	
E	FG	H	Open Hole		Depth	<u>ז</u>		Depth Tubing	3981
			OIL WELL TEST -				<u></u>		
L	K J	I			bbls.oil,			<b>54</b>	Cho
M	N O	P			Treatment (afte				Choke
X			-		ls.oil,83	DIS water	<u> 10</u>	_nrs, _ <b>U</b> _	
		J	GAS WELL TEST -						
	<u></u>			est:	MCF/D	Day; Hours fl	owed	■Choke	Size
	sing and Cem		Method of Testi	ng (pitot, b	ack pressure, et	tc.):	<del></del>		
Size	Feet	54x	Test After Acid	or Fracture	Treatment:		MCF/D	ay; Hours	flowed
8-5/8"(	DD 117	50	Choke Size	Method	of Testing:				
4-1/2*0	<b>4022</b>	500	Acid or Fracture	e Treatment (	Give amounts of	materials u	sed, such	as acid,	water, oil, a
<b>4∞⊥/</b>	4022	200	sand): 40	.000 gals	<b>. 011. 40.</b> 00	0# Sand			
2"EUE	<b>39</b> 81		Casing Press. 30	Tubing	Date first	new			
			Oil Transporter			-			
			Gas Transporter						
emarks:									
I here	by certify th	at the info	rmation given ab	ove is true a	and complete to	the best of	my know	ledge.	
					THE BRITISH				COMPANY
- <b>-</b>				,	Yn.	(Compa	any or Ope	(fator)	
9	L-CONSE	RVATION	COMMISSION		By	wor	(Signature)	GERMAN	Tere B. FRENCH
	~				Title	TRICT CL	á <b>rk</b>		
Contraction of the second						l Communic		garding w	ell to:
tle					Name CRC	CIL B. BRA	WDON,	DIST. SU	PT.
					P.	0. BOX 47	4. MID	LAND, TE	XAS
					P.	0. BOX 47	4, MID	LAND, TE	XAS