

## EXICO OIL CONSERVATION COMM. JION Santa Fe, New Mexico

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

ST FOR (OIL) - (GASPOALLOWABLE

New 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 delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

cied into	ule strek tall	KS. Va. IIIu.	t oc reported on 15.025 p.m	liobbs, New Maxico			September 16, 1957		
				(Place)			(Date)		
51.2 . 5 . 9		58 m. 8 m. a - 13 m	NG AN ALLOWABLE FO	1	- <del>2</del>	Sa	14 <b>1</b>		
Mangae	Company or Ot	SELECTOR)	mpany N.M. State G	, Well No	, in				
(Company or Operator)  O , Sec			, T 21=S R 36	, NMPM.,	supoat	•••••	Pool		
Umit	Letter		•	62167		C.	64 <u>9</u>		
Los Please indicate location:			County. Date Spudded	Total	Date Drilling C	ompleted	7623		
Ple	ease indicate	location:	Top Oil/Gas Pay 377	'9 None	of Prod Form				
D	C B	A		Name	or Frod. Form.				
1			PRODUCING INTERVAL -	o 000 <b>0</b>					
E	F G	H	Perforations 377 Open Hole none	<b>9 = .5797</b> Depth	ag : s	Depth	3778		
-			Open Hole 190130	Casin	g Shoe	Tubing			
<b></b> +	KJ	+ - 1	OIL WELL TEST -				Choke		
L	A   J	+	Natural Prod. Test:	bbls.oil,	bbls water in	hrs,	min. Size		
			Test After Acid or Fract						
M	N O	" P	load oil used): 140	_bbls.oil,	bbls water in	hrs,	in Size		
1 1			GAS WELL TEST -						
			Natural Prod. Test:	mcF/D	ay; Hours flowed	Choke Si	ze		
Tubing .C	Casing and Com	enting Recor							
Size Feet Sax		Test After Acid or Fract				owed			
2.5	/0 223 25	225	Choke SizeMeth						
B-5/	8 311.25	225							
513	3851.9	1800	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Acidized w/500 gal acid, fraction /11,000 al ref cil and 22,						
			Casing OD Ph Tubing	Date first	new /2 1000	(), L 101 0	501		
2	3766.2	<u> </u>	Sand):  Casing no gn Tubing 275 Date first new oil run to tanks						
		Oil Transporter Shell Pipe Line or oretaen							
		<u> </u>	Gas Transporter Ske	Ly old Compan	<u> </u>				
Remarks:							***************************************		
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			rmation given above is tru		the best of my kno e will k walin	wiedge. ia Compan	Ľ		
Approved			, 19	***************************************	(Company or C	*********			
			COMMISSION	By:		lin	•		
•	OIL CONSE	KVATION	COMMISSION	Бу	(Signatu	re)			
By: Criter-freel				Title Age	nt,	······································			
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Title				Name Air	he we to the				
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				Address		•••••			