NEW XICO OIL CONSERVATION COMM ION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) 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.

° - 110) uic so	AR Calle			Hobbs, New Kaulco	June 23, 1958	
					(Place)	(Date)	
					FOR A WELL KNOWN AS:	· 104	
	Compan	y or Ope	rator)	(Le	*** , Well No. **	, in	1⁄4
		• •	A		M., NMPM., Etmont		Poo
Unit	Letter						
		.	· · · · · · · · · · · · · · · · · · ·	County. Date Spudde	d Sallass Date Dri	lling Completed	• • • • • • • • • • • •
Please indicate location:			cation:		DY)Total DepthK		
D	Ċ	В	A	Top Oil/Gas Pay	Name of Prod. For	m. (5900	
- I	Ŭ	0		PRODUCING INTERVAL -			
		ļ		Perforations 3769	-38931		
E	F	G	H		Depth Casing Shoe	Depth Tubing	
				OIL WELL TEST -	· ·		
L	K	J	I				hoke
					bbls.oil,bbls w		
M	N	0	A	-	<pre>icture Treatment (after recovery o</pre>	Chake	
	м			load oil used):	bbls.oil, 19 bbls water	in 🐴 hrs, 💻 min. Size	any
				GAS WELL TEST -			
Í.	D	4/1	10/5	_ Natural Prod. Test:	MCF/Day; Hours fl	owedChoke Size	
ubing (Casing a	and Cemer	ting Reco	rd Method of Testing (pit	ot, back pressure, etc.):		
Size Feet Sax			cture Treatment:				
				7	thod of Testing:		
1-5/1		424.	300				
5-2/2			1000		ment (Give amounts of materials us		and
				sand): 500 cal. M	1 Acid; 43,638 Gal. Los	011 w/ 1/104 Adams to	
2-3/1	" 3	666+	•	Casing 7201 Tubin Press. Press	Date first new oil run to tanks	5-58 14 00ml pa	* 8
				Oil Transporter	ball Pipe Line Corporat	<u>im</u>	
				Gas Transporter	ierron Potroloun Corpora	\$1.00	
marks		is req	pested	this well be place	d on proration schedule	effortive bals-se	
	• • • • • • • • • • • • • • •		•			·	
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т. т.	••••••				true and complete to the best of a	my knowledge.	
					true and complete to the best of a	Corporation	
provec	i		••••••	, 19	(Compa	iny or Operator)	
		ONGRE	エドム マナイハト・	COMMERTON	But CF 7	21.5	
OIL CONSERVATION				COMMISSION	Dy	Signature)	
				ich-	Title Area Producti		
:				-1/	Send Communic	ations regarding well to:	
tle					Name Oulf Oil Dery	erstice	
					Name	the Herr Handso	
					Address		