015	TRIBUTIO	DN	
BANTA FE			
FILE			
U. 8. 6. 5.		1	
LAND OFFICE			
	OIL		1
TRANSPORTER	449	, ,	
PRORATION OFFI		7	T
OPPRATOR			1

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (ANSW ALLOWAPLE

			XHXXXXX
Tp 23	11 30	14 '64	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.

				must be reported on 15.025 psia at			Hobbs, New Mexico			9-28-64		
				=)			(Date)		
EARE	HERE	BY RE	QUESTIN	NG AN ALLO	WABLE F	OR A WELL	KNOWN	AS: :_	SW .	NW	1/	
ontir)	Company	or Oper	compai	ny Lock	Leu (Leu	: <u>#</u> , Well e)	No	, ın .		4	/4	
Ì	<u> </u>	, Sec	12	, T 21S	, R. 37F	, NMPM	I.,	Drinkar	d	······································	Poc	
81-44	Latter			County. Da								
				County. Date Elevation	ie Spudded 3467 D	F	 Total Depth	8202	PBTD	6880		
PI	lease ind	licate lo	ation:			01						
D	C	В	A	DDODUCTNC TN	TEDVAL -	6603 66	10 661	0 6650				
				D = 6 = - 11 = -		and 6747	w/l JS	PF				
E	F	G	H	Perforations			Depth	8201	Depth	6600		
х						····	casing snoe	2	1001119_			
L	K	J	I	OIL WELL TES	_					1	Choke	
_	- -					bbls.oil,						
м	N	0	P	Test After A	cid or Fract	ture Treatment	(after reco	very of volume بات	of oil eq	ual to volu Chok	ime o	
M	N	U		load oil use	d): 62	_bbls.oil,	Utib1s	water in 24	hrs,U	min. Size	<u> </u>	
				GAS WELL TES	<u>I</u> -							
1650			60' FE	. Natural Prod	. Test:		MCF/Day; Ho	urs flowed	Choke	Si ze		
tubing ,	(FOOT)	nd Cemen	ting Recor	d Method of Te	sting (pito	t, back pressur	e, etc.):					
Size	•	Feet	Sax	_ Test After A	cid or Frac	ture Treatment:		MCF,	/Day; Hours	flowed		
	/)1	055	250	Choke Size_	Met	hod of Testings		 				
10-3,	/4	255	270			ent (Give amoun		tale used, suc	h as acid.	water, oil	. an	
7-5	/8	3160	1255	sand): Tre	ture Treatme ated pr	ent (Give amount)	00 gals	15% aci	d, 12,	730 ga	ls	
	/2	0007	11.60			Date oil r						
5-1,	/2	8201	468	Press	Press.	ell Pipe	un to tanks Tine Co		and			
2-3.	/8	6600		Oil Transpor	terSlee	11v 011	Company	Eunic	.e			
<u></u> -	<u>~~</u>		30.0	Gas Transpor	ter_ BOO	TIN OTT	E" Addi	tives				
lemark	s: 	cruae	<u>, 10,0</u>	oom sand,		ለነነነት ት	**************************************	, au X				
				ly Ellenb		ingle	Now com	nleted a	s Drin	kard s	ins	
Ιh	ereby ce	rtify tha	the info	rmation given	above is t	rue and compi	Contiir	ental Oi	1 Comp	any		
pprove	:d		همد	rmation given	, 19	•••		Company or C	perator)			
	oir c	UNSER	NOLLAY	COMMISSIO	714			(Signatu				
						Title	Staff	Supervis	or	-11 4 - :		
3V :	••••••						Send Corr	munications nental 0	regarding '	well to:		
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•				s-3 Atl-		Name	• • • • • • • • • • • • • • • • • • • •	0 - Hob				