NEW EXICO OIL CONSERVATION COMP SION Santa Fe, New Mexico

REQUEST FOR (OIL) - (CANALLOWABLE)

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

		(Place)	lierd co	September 2	1954 (Date)
ARE HEREBY REQUESTIN	IG AN ALLOWABLE FO	OR A WELL KNO	OWN AS:		
(Company or Operator)	Lockhart B-12 (Lease	, Well No	8-3 ,	, in SE ¹ / ₄	
	` '	•	Terry-E	linebry	Poo
(Unit)					
Lea	County. Date Spudded		, Date Com	ipieted	54
Please indicate location:					
	Elevation	9 Total Dep	oth 5925	, P.B DO	D 5923
	Top oil/ganpay	5783	Top of Proc	d. Form	ber 57901
X		• •		# correcte	tire noin
	Casing Perforations:	5/83-581.D3	-50 30-5923	•	
	Depth to Casing sho	e of Prod. String	5924		
	Natural Prod. Test				BOPD
	based on	hth Oilin	_	U	Mine
	Test after acid o	230			BOPT
Casing and Cementing Record Size Feet Sax	Based on	bbls. Oil ir	ı 6	Hrs	Mins
Size Teet Sax	Gas Well Potential				
10 3/4 24.7 250					
7 5/8 3148 914	Size choke in inches				
7 7 725 724	Date first oil run to	tanks or gas to Tra	nsmission syste	em: [a] 6	
5 1/2 5924 520		<i>a</i>	. 55 64 .		
	Transporter taking (Jil or Gas:	JOTT - Jabo -	lane-Grapary-	•
narks: Well completed	in farry-815nebry p	ev formation	and design	ation being c	hanged
ren No. 8 to No. 8-8.					
I hereby certify that the infor	mation given above is tru	e and complete to	the best of my	knowledge.	
roved	, 19	C	Company (Company	Oil. Company	
OH CANCEDVATION	COMMISSION	Bu.	المسلم وسلماء		
OIL CONSERVATION	COMMISSION	Бу	(Sign	nature)	
J. J. Stand	ey	Title	latatet Su	perintendent	to:
Complete to Date Con	<i></i>			ons regarding well	ω.
ILL COID				Of 3. Company	•••••
		Address B	oz 427. Ho	bbes New Mend	80