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NEW M 'CO OIL CONSERVATION COMMIS' N 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.

					(Place)	Herico	August	3. 1959 (Date)	•••••
VE ARE I	HEREBY R	EQUESTI	NG AN ALLO	WABLE FC	R A WELL KN	OWN AS:	an	. ,	
	ompany or O	crator)	r company i	(Lease)	4 *15 , Well No	. ,	in	!/4	1⁄4,
]	5	16	., T. 21.9	R. 37E	, , NMPM. ,	Blinebry	,		Paol
				Testermon	Qtoutof				
			Elevation	te Sports 14571	July 20, 59	Date MCHI	g Completed PBTD	July 31,	195
Plea	se indicate	location:			Name c			The second s	
D C E	C B	A	PRODUCING INT						
				5613-59	h				
E	FG	H			Depth Casing	4600	Depth	r'0.00	
					Casing	Shoe COYY	Tubing_	5827	
L	K J	I	OIL WELL TEST	-				Ch	oke
			Natural Prod.	Test:	bbls.oil,	bbls water	inhrs,	min. Si	ze
M	N O	P	Test After Ac	id or Fractur	re Treatment (after	recovery of vo	lume of oil eq		of
	I	F	load oil used	i):i	bls.cil,	_bbls water in	hrs,	Choke min. Size	
			GAS WELL TEST	-					
			Natural Prod.	Test:	MCF/Da	v: Hours flowed	Choke	Size	
ubing ,Cas	sing and Cem	enting Recor			back pressure, etc			······	
Size	Feet	Sax			e Treatment:			flowed 2	
				A	of Testing:		,		
3-3/8	320	300							
8-5/8	286L	1600	Acid Tooot	Treatment	City amounts of	naterials used	such as acid.	water oil a	oil.
5-3/2	4400	e con	sand):200 20		76		24		
	6699	500			Date first poil run to				
			Gil Transporte	er Magnoli	Pipeline Co	pany			
	<u> </u>	l	Gas Transport	er Pormian	Basin Pipeli	ne Company			
marks:		•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	•••••				·····	···· •
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I hereb	y certify th	at the infor	rmation given a	bove is true	and complete to t				
proved				, 19	SUMRAY MID-			•••••••	· <i>.</i> .
						Company o	(Operator)		
OI	L CONSEF	VATION	COMMIŜSION	N/	By R. Star			<u>`````````````````````````````````````</u>	
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