NEW YICO OIL CONSERVATION COMM ON Santa Fe. New Mexico

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

Dual Completion REQUEST FOR (1001x) - (GAS) ALLOWABLE

Becommission

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-10 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.

				Eunice, New	Mexico	
N'F ARE	HERERY RI	OUESTI	NG AN ALLOWABLE FO	, ,	'N AC.	(Date)
ontine	ntal Oil	Co Lo	ckhart A-17	WALL KNOW	N AS: 2	E . SE .
(C	ompany or Ope	rator)	(Lease))	, In.	/4,
I	Sec.	17	ckhart A-17 (Lease) , T21 , R37	, NMPM.,	<u>Eumont</u>	Pool
T						
nea	•••••	·····	County. Date Spudded	I	ate Drilling Com	mieted 66201
Ple	Please indicate location:					ont Zucen
D	C B	A		Name of P	rod. Form.	on July
			PRODUCING INTERVAL -	.		
E	F G	H	Perforations 352	5-65 T		D. A.
-	r u	"	Open Hole	Casing She	De	Depth Tubing 6563
			OIL WELL TEST -			
L	K J	I	Natural Prod. Test:	bbls.oil.	bble water in	Choke hrs,min. Size
		X				of oil equal to volume of
M	N O	P				Choke
		1 1		DD15,011,DD	Is water in	hrs, min. Size
	<u> </u>	ليسل	GAS WELL TEST -			
			. Natural Prod. Test:	MCF/Day; !	dours flowed	Choke Size
tubing ,Co	asing and Come	nting Recor	Method of Testing (pitot,	back pressure, etc.):		
Size	Feet	Sax	Test After Acid or Fractu	re Treatment: 2460	MCF/L	Day; Hours flowed 24
13 3/8	3 195	200	Choke SizeMetho	d of Testing: Ba	ck pressur	<u>'e</u>
9 5/8	3 2538	450	Acid or Fracture Treatment	t (Gi ve amounts of mate	erials used, such	as acid, water, oil, and
			sand): 10,000 gal	s oil, 10,000	# sand wit	h 1000 gals aci
5 1/3	2 6629	500	Casing Tubing Press. Press.	Date first new oil run to tan	cs	
			Oil Transporter			
			Gas Transporter Will			
Remarks:.						
I	ual com	oleted	Drinkard Oil-Eum	ont gas 4-21-	59 LC 032	.096a

I her	ehy certify th	at the info	rmation given above is true	e and complete to the	best of my know	rledge.
			, 19		,	
approved.	•••••	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		100	Company or Op	erator)
c	IL CONSER	VATION	EXAMISSION	By: Afa	S.	••••••
	1/1/2			/	(Signature)
Sy+	1			Title Distric	t Superint	edant
(), Est-						garding well to:
ı itle	·····		•••••••••••••••••••••••••••••••••••••••	Name J. R.		
	-			Вож 6	8. Eunice.	New Mexico
				Address		A

