NEW TXICO OIL CONSERVATION COMM

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is deliv-

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 G-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

			Hebbs, N. Mex. (Place)					April 9, 1956 (Date)	
E ARE H	EREBY R	EQUESTI	NG AN ALLO	OWABLE FOR	A WELL KN	OWN AS:		(Daw)	
Fldov	ater 011	Co.	Percy	Hardy Tubb	Wall No	2	in SV	SB 1/4,	
(Con	npany or Op	erator)	91	(Lease)	•	Subba Sad	•	/4Pool	
Flore Lab			, T 	, R	, NMPM.,	Page mail		Pool	
Lea	-		County De	TOCOMO CATA	12-3-57	Data Milita	E Completed	12-15-57	
Please indicate location:					Name o				
	C B	A		VIERVAL -		_			
		1 1				_	-	les 5-26-48)	
	F G	H	Perforations	9200-03	00' (Tabbs)	\ 0025-00	Depth Depth	APL)	
		"	Open Hole		Depth Casing	Shoe 66501	Tubing	66341	
			OIL WELL TES	<u> -</u>					
	K J	I	Natural Proc	d. Test:	bbls.oil.	bbls water	in hrs.	Choke min. Siże	
				<u> </u>	Treatment (after				
	N O	P						Choke min. Size	
					18,011,	DDIS Water III			
			GAS WELL TE	<u>-</u>					
			_ Natural Prod	d. Test:	MCF/Da	y; Hours flowed	Choke	Si ze	
dng ,Cas	ing and Com	nting Reco	rd Method of To	esting (pitot, b	ack pressure, etc	:-):		·	
Size	Feet	Sax	Test After	Acid or Fracture	Treatment:	78 MCT	MCF/Day; Hours	flowed 24	
-3/8	295	325	Choke Size_	1/2º Method	of Testing:	Orfice well	tester.		
7	**77	<i>)y</i>	-						
-5/8	2500	1.200	1		_			water, oil, and	
			sand): 2	9,830 gals	715 asid, 20	757 Sand A	246 ball	lealers	
-1/2	6650	500	Press.	Press.	Date first oil run to	tanks Sha	ia		
-0/0	44-4		Cil Transpor	rter Texas-	New Mexico F	ipe Line Co	<u> </u>		
-3/8	6634		Gas Transpor	rter El Pas	o Matural Go	s Co.			
arks:							******		
	Recombe	ted as I	mal gas/of	l well.	******************		••••••••••••••••••••••••••••••••••••••		
		****************	***************************************			·			
					and complete to	the best of my	knowledge.		
					and complete to	r Oll Comp	es T		
proved	·····	••••••		, 19			or Operator)	••••	
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OI	L CONSE	KVALION	COMMISSI	ON .	Dy J. Salek. D. C.	(Sign	aturo		
/	مور مدا	1-1	in his		litle	a Supt.			
	11	gdi badi	terti cabarriikaa ahan cab		Send	Communication	ns regarding	well to:	
e			*****************		Name	P. Shaskel	ford		
					. 16411				
						z 547, Kobbi	5、 5、 天年宝。		

