NEW ' 'XICO OIL CONSERVATION COMM' 'ION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

X 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.

m , u			·····	Fort Worth, Texas	6558
				(Place)	(Date)
	-			DR A WELL KNOWN AS:	
. (Co	mpany or O	perator)20	_ 21_S _ '17-	Blinebry	, in
Unit Le	, Sc Her	C	, T, R	, NMPM.,	Po
68.		* - • • • • • • • • • • • • • • • • • •	Country Date Spudded		iling Completed 700/200703
	e indicate		Elevation 3512*	Total Depth	PBTD
D	СВ	- <u>T-</u>	Top Oil/Gas Pay	Total DepthName of Prod. For	Bilne Dry
		A	FRODUCING INTERVAL -		
_			Perforations 5594',	56181, 56601, 56861, 5	57651, 58301, 59351
E	F G	H	Open Hole Packer set	at 6517 Depth Casing Shoe	Depth Tubing
			CIL WELL TEST -		
	K J	I		bble of l bble	Chok ater inhrs,min. Siże
0					
M	N O	─ ₽ ─			f volume of oil equal to volume o Choke
				bbis.011,bbis water	inhrs,min. Size
			GAS WELL TEST -		
			Natural Prod. Test:	MCF/Day; Hours fl	owedChoke Size
ubing ,Cas	ing and Ces	enting Recor	d Method of Testing (pitot,	back pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fractu	re Treatment: 2209	MCF/Day; Hours flowed 1/4
3 3/8"	397	300	Choke SizeMetho	d of Testing 4" orifice we	all tstr and 1450 pei
				Dack presser	
9 5/8*	2,800	1,300			sed, such as acid, water, oil, and
7×	6,569	700	sand):400 gais mid Casing 1600 Tubing 1	sid, 35,000 gals Ref	011/1#SRG
			Press. Press.	50# Date first new oil run to tanks	<u> </u>
			Cil Transporter		
		B47.4	Gas Transporter	n Basin Pipeline Com	XIDY
emarks:		Flied	in compliance with M	ule 15, Order R-610.	
			••••••		
				•••••••••••••••••••••••••••••••••••••••	
I hereb	y certify t	hat the info	rmation given above is true	e and complete to the best of a	ray knowledge.
					L Corporation
•			,	(Compa	iny or Operator)
OI	L CONSE	RVATION	COMMISSION	By:	<u> </u>
1	/ ;	16		()	Signature)
•	n G	Le l'élé	11.2/1	Title. Unit Supervi	Ber
	/		<i>,</i>		ations regarding well to:
	•••••	····/		Name. Gulf 011 Co	poration
				Address. Hebbs, New	Maxies
				Address	