NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

CORRECTED COPY

REQUEST FOR (OIL) - (CAS) ALLOWABLE

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 able that 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	1-14-63 (Date)
VE ARE I	HEREBY	REQUESTIN	NG AN ALLOWABLE FO	R A WELL KNOWN AS:	(Date)
		-	Wants	, Well No	n NY 14 SE 14,
(Cc	mpany or	Operator)	(Lease)	, NMPM., Undesignated	1
Unit L	ever		eto whed		
	Lea		County. Date Species	11-16-62 Dato Desilling	Completed 1-8-63
Plea	se indicat	e location:		Total Depth 7943	
D	C	ВА		Name of Prod. Form.	
			PRODUCING INTERVAL -	0-33', 5142-45', 5162-6	51, 5197-52001, 5221-21
E	F	G H	Perforations	Depth	Depth
_	• `	" "	Open Hole -	Casing Shoe 7942	Tubing 5113
- -	<u>v</u>		OIL WELL TEST -		Ch all a
L	K	JII	Natural Prod. Test:	bbls.oil,bbls water	Choke inhrs,min. Size
	3			e Treatment (after recovery of vo.	
M	N) P	load oil used): 50 b	bls.oil, 115 bbls water in	24 hrs,min. Size 12/6
į.			GAS WELL TEST -		
830 FSL & 1980 FEL			Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
tubing Car	sing and C	ementing Record		back pressure, etc.):	
Size	Feet	Sax		e Treatment:	
_				of Testing:	
10 3/4	217	200			
7 5/8	2758	1400		(Give amounts of materials used,	
				Date first new oil run to tanks	
5 1/2	7981	440	4		
2 7/8	5340			New Mexico Pipeline Com	
				Oil Company (Casingheas	
.emarks:	Allow	pro-Ledinez	E. IOP. Paddosk .only	XIII Same	3041 (See 11)
MMOCC-4	WAW	PTTE		and and an Orallowith and a sound and a sound	A Company of the Comp
				and complete to the best of my k	nowledge
				and complete to the best of my k	
pproved	• • • • • • • • • • • • • • • • • • • •	••••••••	, 19	(Company o	Operator)
O.	IL CONS	ERVATION	COMMISSION	By:	Section 1
] 			/	(Signa	iture)
i f,.	1/			TitleDistrict Superin	tendent.
ماه				Send Communication	
	/			Name Continental 011	Company
,	•			Address Box 68 - Burde	e. New Next co