NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) 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 that date in the case of an oil well when new oil is delivered into the stock tanks. Cas must be reported on 15.025 psia at 60° Fahrenheit.

						6-16-59
WF ARF H	FRFRV R	FOL'ESTI	NG AN ALLOWABLE	(Place	•	(Date)
		_				
(Cor	npany or Oj	ocrator)	(Le	ease)		* **
M Unit Lot	, Sec ter	20	T. 21-5 R. 3			Skelly Pool
- · · · ·			County. Date Spudde	l Pri	Date recompletion Date Drilling	finished 6-14-59 Gompleted
	e indicate					гвто <u> 6540</u> 1
			Top Oil/63 Pay 365	98•	Name of Prod. Form.	
D	С В	A	PRODUCING INTERVAL -	2763 621 2	705 071 3064 00	38 38-40'. '', 3816 -18', 3829-31'
			Perforations 3698-	3700 3709	.111. 3715-171. 3	722-24", 3727-29",
E 1	F G	н			Depth Casing Shoe	Denth
					cesing sine	iucing
L K	C J	I	OIL WELL TEST -			Choke
					•	n hrs, min. Size
M	1 0	P				me of oil equal to volume of Choke
	. .		load oil used): 224	bbls,oil,	bbls water in	24 hrs, min. Size 2
			GAS WELL TEST -			
6601	PS & WI		Natural Prod. Test:	· · · · · · · · · · · · · · · · · · ·	MCF/Day; Hours flowed	Choke Size
Tubing ,Casi	ng and Cem	enting Recor	rd Method of Testing (pit	ot, back pressur	e, etc.):	
Size	Feet	Sax	Test After Acid or Fra	acture Treatment:	MC	F/Day; Hours flowed
13-3/8"	2751	300				
25-370	213	300				
9-5/8"	29001	1300				uch as acid, water, oil, and
7*	65521	700	sand): 30,000 gal	Gref oil	1/10# Adom! to & S	1-3# 590
	0772 .	700	-			1959
2-3/8"	3 6331	-	Oil Transporter S	mell Pipelin	e Corporation	
		<u> </u>	Gas Transporter Wa	rren Petrol	oum Corp.	
Remarks:	· · · · · · · · · · · · · · · · · · ·	7				
• • • • • • • • • • • • • • • • • • • •	<i>f</i>	<u> </u>		***************************************	Marie Marie	
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I hereby	certify th	at the info	rmation given above is	true and comple	te to the best of my kn	owledge.
Approved		•••••••••••••••••••••••••••••••••••••••	, 19		Company or	rporation
				(··)
OII	CONSE	RVATION	COMMISSION	Ву:	(Signati	uryass are)
<i>!!</i>	'n.			Title	Amon Dadas 3	sum Engineer
2y:				1 HIC	Send Communications	
Title		····		 Name	Gulf Oil Con	rporation
					D 03/4 1	
				Address	BOX 510/	lobbs, New Mexico