## NEW MEXICO OIL CONSERVATION COMMUNICATION Santa Fe, New Mexico

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

## **REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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.

				Hobbs.,Ne (Place)		1-19-	• <u>59</u> (Date)
Sunr		ontinent	NG AN ALLOWABLE FOR Oil Company Filiot (Lease)				V4V4,
	•		, T215, R37E	, NMPM.,	undesignat	ted	Pool
Lea			County. Date Spudded	3-26-52	Date Drilling (	Completed	5-5-52
	se indicate		Elevation <u>3460</u>	Total [	Depth 7851	PBID	7316
	СВ	A	Top Oil/Gas Pay71 <b>7</b> 9	Name of	f Prod. Form.	Mantz Abo	<u>)</u>
			PRODUCING INTERVAL -				
Е	F G	H	Perforations 7179-8	9 & 7 <b>221-</b> 31 Depth			······································
	r u		Open Hole	Casing	Shoe 7351	Depth Tubing_	7179
L	K J	I	OIL WELL TEST -				
			Natural Prod. Test:	bbls.oil,	bbls water in	hirs,	Choke min. Size
			Test After Acid or Fracture	Treatment (after	recovery of volum	ne of oil equ	ual to volume of
M	N O	Р	load oil used): <u>139</u> bb	ls,oil,	bbls water in 2	hrs,	Choke 
			GAS WELL TEST -				
			- Natural Prod. Test:	MCF/Day	; Hours flowed	Choke	Size
Tubing ,Casing and Cementing Recor							
Size	Feet	Sax	Test After Acid or Fracture				
12 2/0	000	200	Choke SizeMethod of Testing:				
13 3/8	> 220	300					
9 5/8	3 2950	1500	Acid or Fracture Treatment	Give amounts of ma			
			sand): Casing Tubing	Date first ne	ew		
5 1/2	7851		Press. Press.	-			
			Oil Transporter <u>Magnol</u>		• •		
Remarke	Recomle	tion in 1	Gas Transporter <u>Skelly</u> Wartz Abo.				
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I here	ov certify th	at the info	ormation given above is true a				
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		····	······	19-17	(Company or C		
O	L CONSE	RVATION	COMMISSION	By:	Mª (ler	when-	·····
					( Signatu	re )	
By:	Z. L.	<u> </u>	Section 2	TitleHobbs Send C	Area Superin	te dent	ell to:
Title							
				Name S. nra	y ∐id-Contin	ert Qil	Ço
				AddressBox 1	28, Sobbs, A	••M•	