DÍ I	TRIBUTION	. <u></u>		
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANPORTER	OIL			
	GAS		1	
PRORATION OFFI	CE			
OPERATOR				

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico 9

REQUEST FOR (OIL) - (GAS) ALLOWAFLE

New Well Recompletion

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

11 sz 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 recompletio. 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.

		•	1			New Mexi	.00	Sept	(Date)	7, 19
	DEDV DE	OUESTI	NC AN ALLO	WARE FC	(Place) DK A WELL F	NOWN AS			(Date)	
ARE HE	OII & G	QUESTI An Compa		Roy Barton	Well N	o <b>2</b>	in	NW y	. NE	
				([*25*]	•					
B	Sec.	23	., T. <b>215</b>	, R <b>31</b>	, <b>В</b> , NMPM.,	·····	Blin	olocy	••••••••	Pool
Unit Lotte	r	I.ee	Courts De	Norkove	F 8-21-64	Date D		mpleted	9-13-6	4
			Elevation	3406	<b>DF</b>	tal Depth	7350	PBTD	6601'	
Please	indicate lo	cation:	Top Oil/Gas	Pay 5733 <sup>1</sup>	NarNar	me of Prod. F	orm.	Elinabery		
DC	x B	A								
			Deufenstion		3-41', 56', , 78', 85',	<b>67', 75</b> ' <b>50</b> 011.	', 85',	5892-42	', 53',	58'
E F	G	H	Perforation		Dej Ča	pth	7348	Depth	57521	
						sting shoe		, 0.511.9		
LK	J	I I	OIL WELL TES							Choke
					bbls.oil,					
		+	Test After	Acid or Fractu	ire Treatment (a	fter recovery	of volume	af oil equ	ual to volu Chol	ume of ke <b>n a</b> j
M N	0	P	load oil us	ed): <b>117</b>	bbls.oil,	bbls wat	er in	<u>L</u> hrs, <u>U</u>	min. Size	. 10/
			GAS WELL TE	<u>st</u> -						
60'Fr N	4 1980'1	r B lin	Natural Pro	d. Test:	МС	F/Day; Hours	flowed	Choke	Size	
(Fubing Casi	DOTAGE)	nting Recon			, back pressure,					
Size	_	Sax			ure Treatment:					
					od of Testing:					
13-3/8*	300	300					والمتعاولين والمتعاد			
9-5/8ª	28021	1000	Acid or Fra sand): 200	cture Treatmen	t (Give amounts	of materials	usec, suc	:h as acid, 20,000#	water, 01.	1, and
5-1/2"	7349	575	Casing Press.	O Tubing	Date fi bil run	rst new to tanks	Septemb	<b>r 12.</b> 1	964	
					ermian Corp					
2*	57521	_		rter Non e						
•	/		Gas Transpo	inter		/				····
emarks:		(			<u> </u>	1		<u></u>		
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	• •		· · · · · · · · · · · · · · · · · · ·	- about in +	ue and complete	e to the best	of my kno	wledge.		
I hereby	y certify th	at the into	ormation giver	10 10	uc and complete				Compan	<b>Y</b>
pproved	·····	fv.	•••••••••••••••••••••••••••••••••••••••		F	- 0,000	mpany or C	perator)		
~ <del>O</del> H	L CONSEI	RVATION	COMMISSI	ON	By	upop	(Signatu	re)		
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