NE' MEXICO OIL CONSERVATION COM SSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

<u>New Well</u> 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 off well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

| | | | | | Hobbs, New | r fi exic o | D | eaber | | |
|---------------------------|---------------|-------------|---------------------------|----------------|-------------------------------------------|------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------|---------------|
| | CDERV DE | OVESTU | NC AN ALLO | | (Place) R A WELL KI | | с. | | (Date) | |
| ulf (il | Corporati | .on Wil | lian A. Rau | | , Well No. | | | SE | | 1⁄4, |
| | | .27 | , т. 21- S | • • | , NMPM., | <u>sumont</u> | | | | Pool |
| Lea | | | County. Da | te Spudded | 10-25-57 | Date I | Orilling (| capleted | 11-5-57 | |
| Please indicate location: | | | Elevation | 35781 | Tota | 1 Depth | 38501 | PBTD | 3847 | |
| | C B | A | Top Oil | | Name | of Prod. | Form | Queen | | |
| E | F G | H | | | 9 1-3 801 ! Dept Casi | h | | Depth | | |
| | | | Open Hole OIL WELL TES | | Casi | ng Shoe | 38501 | Tubing | 38021 | |
| L | K J | I | | - | bbls.oil, | bbl | s water in | nhrs | ,min. | Choke Size |
| M | N O | Р | | | e Treatment (aft bls.oil, <u>15</u> | | | | | |
| | о — | | GAS WELL TES | | | | | | | |
| | <u></u> | <u> </u> | Natural Prod | . Test: | MCF/ | Day; Hours | flowed | Chok | e Size | |
| ubing ,Cas | ing and Ceme | nting Recor | d Method of Te | sting (pitot, | back pressure, e | tc.): | | | | |
| Size | Feet | Sax | Test After A | cid or Fractur | e Treatment: | | MCI | F/Day; Hour | s flowed | |
| 8-5/8* | 3911 | 325 | Choke Size | Method | of Testing: | | | | | |
| 5-1/2* | 38401 | 1725 | | Coole m | (G ive amounts o Id acid 3 | $\alpha \alpha \alpha \alpha \sim$ | ale mot | nil w | nth 1# 3 | -C |
| 2-3/8* | 37941 | | Casing Press. | Tubing | Date firs | t new o tanks | 12-6-5 | 57 | | |
| | | | | | peline Cor | | | | | |
| | | | Gas Transpor | ter | | | | | | |
| emarks: | It is | request | ed that thi | s well be | placed in t | he Pror | ation a | schedule | • | ••• |
| | GIIGCT | TAG Dec | amber 6, 19 | ウイ・ | | ••••• | · · · · · · · · · · · · · · · · · · · | •••••• | | |
| | ••••• | | | | | | •••••••••••• | •••••• | | ••••• |
| I hereb | y certify the | at the info | rmation given | above is true | and complete t | o the best | of my kn | owledge. | | |
| proved | | | | , 19 | Gu | | torpany or | | ••••••••••••••••••• | |
| | | | COMMISSIC | | By: | | | | | |
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| : | | | , | | Title | d Comm | unications | regarding | well to: | |
| *10 | r' | | | | | | | | | |
| uC | | | | · ··· | Name | ulf 011 x 2167, | | , New M | exico | |
| | | | | | Address | | | ······································ | · · · · · · · · · · · · · · · · · · · | |