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## I W MEXICO OIL CONSERVATIO COMMISSION

Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (CAS) ALLOWAPLE

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

into the st	ock tanks.	Va. must	be reported on 15.0		bbs, New Mexico	
				(Pl	ace)	(Date)
ARE HER	EBY REC	QUESTIN	IG AN ALLOWAE	BLE FOR A WE	LL KNOWN AS:	
Azt	ec 011	à Gas C	CHESTY	Charlemens A	Vell No, in	<b></b>
(Compar	ny or Opera	ator) 33		(Lease)	PM Blimi	<b>P</b> o
Lea			County. Date Sp	udded 11-27.	-63 Date Drilling	Completed 7167
	ndicate loc		Elevation 277.7		Total Depth	
			Top Oil/Gas Pay	7090	Name of Frod. Form.	Blinebry
	B	A	PRODUCING INTERVA	<u>L</u> -		<b>/</b> -
			Perforations 569	0-5700', 570	8-36', 5756-84', 5	318-24', 5990-12'*/1
E <b>F</b>	G	H	Open Hole	· IG.	Depth Casing Shoe 7200	Tubing 610
		İ	CIL WELL TEST -			
K	J	I		,	hhle water	Choi in hrs, min Size
•						ume of oil equal to volume of
A N	0	P	Test After Acid o	r Fracture Treatme	ent (after recovery of Vol	6 hrs, 6 min. Size
N	"		load oil used):	COR - 4,	ndis water in	W 1115, W 1111. 3126
			GAS WELL TEST -	-		
1980 <b>P</b>		PL	Natural Prod. Tes	st:	MCF/Day; Hours flowed	Choke Size
Footing, Casing	TAGE)	ting Recor				
Size	Feet	SAR		or Fracture Treatm	ent:M	CF/Day; Hours flowed
	22/1		7		ing:	
13 3/8	336	300	i			
9 5/8	3006	890	Acid or 1500 sand):	Treatment (Give a	mounts of materials used,	such as acid, water, oil, and
			Casing Lag	Tubing kso D	ate first new il run to tanks	, 1964
7	6000		Fress.	Presso	il run to tanks	16717
k 1/2	1200	930	Oil Transporter_	TOLENS IN THE STATE OF THE STAT	Comment	
7 4 9	-	7,30	Gas Transporter		d to 42 SCELLY	B JANUARY 51, 1977, DIL COMPANY MERGER
marks:		T CHRO I	Tate with manner of			TIY OIL COMPANY.
					***************************************	
I hereby	certify tha	at the infe	ormation given abo	ve is true and co	mplete to the best of my interection and the comments of the c	eny
proved			,		ginial signed by Company o	
				•	ESTER L. DUKE	
OIĻ	CONSER	VATION	COMMISSION	Ву:	(Sign:	
1/14	4			Tial-	District Super	
f/HT	<u>. 7</u>	•••••••		Title	Send Communication	ns regarding well to:
tle			•••••	Narr	16	
					Box 837, Hobb	2) USA MENTOS