REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well X 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.

					, New Mexi	c o	March		
WE ARE HEREBY REQUESTI			ING AN ALLOWARIE	(Pla	•	A S ·		(Date)	
			Federal WL" , Well No. 1-35 , in SW 1/4 NE						
(C	ompany or O	perator)	(L	:as-)	A		******************	/4/4,	
G Umn L	Sci	35	T. 23s R 3	, NMF	M., Trist	e Draw	•••••	Pool	
Lea			County. Date Spudde	ed 3-6-62	Date	Drilling (Completed	3-16-62	
Please indicate location:			Elevation	3693	Total Depth	5110	PBTO	5090	
D	C B	A	Top Oil/Gas Pay	5030	Name of Prod	. Form. D	elaware	Sand	
			PRODUCING INTERVAL -						
70	T	 	Perforations	5 030 -	5034				
	F o G	H	Perforations Open Hole		Depth Casing Shoe	5104	Depth Tubing	502 8	
			OIL WELL TEST -						
L	K J	I	Natural Prod. Test:	bbls.oi	1. pl	hls water Gr	n hrs.	Choke	
			Test After Acid or Fra						
M	N O	P	load oil used): 67					.	
			GAS WELL TEST -						
					,				
Publing Co.	of see and Com	onting Peac	Natural Prod. Test:					Size	
Size	sing and Gem Feet	SAX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•		
		 	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing:						
8 5/8"	378	2 75	Choke Size Me	ethod of Testin	g:	****			
	510/	100	Acid or Fracture Treat	ment (Give amou	unts of materia	is used, su	ch as acid,	water, oil, and	
4 1/2"	5104	100	sand): 250 gall	ons MCA					
2"	5028		Casing Tubin Press. 210 Press	g Date . 90 oil	e first new run to tanks	March 2	4, 1962		
		<u> </u>	Gil Transporter Th						
			Gas Transporter						
Remarks:			4						
		•••••		•			***		
				****** .					
I herel	by certify th	at the info	ormation given above is	true and comp	dete to the best	t of my kno	wledge.		
pproved			19		·***			y	
•		i			(C)	ompany or C	perator)_/	,	
O	IL CONSE	RVATION	COMMISSION	Ву:	fred to	Signatur		17	
3 _V :					Owner	Signatu	ie ;	V	
¥: £	· · · · · · · · · · · · · · · · · · ·	· ·		Title	Send Comm	unications	regarding w	ell to:	
itle					John H. Trice				
				Name					
				Address	P. O. Bo	ox 520,	Roswell,	New Mexico	