NEW ' XICO OIL CONSERVATION COMMY 'ON Santa Fe, New Mexico

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

New Well Recompletion

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REQUEST FOR (OIL) - (CAS) ALLOWABLE

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.

					Jel,	New Me	x100	Hoy e nine	
					(Place)				(Date)
Ja1 0	11 Compe	my, Inc.		Christmas	R A WELL K	o 7	, i n .	NE	SW
(Con	npany or Oj , Sec	perator) 28	, T. 225	(Lease) , R 36E	, NMPM.,	South	Eunice		Po
Unit Let	ter .		0		8-29-58	Date	Deilling (apleted	9-12-58
		· · · · · · · · · · · · · · · · · · ·	Elevation	ate Spudded 3509.8	8-29-58 	al Depth	3817	PBTD	3 803
Please	e indicate	location:	Top Oil/Gas	Pav	Nan	me of Prod	Form.	ron River	:8
D	C B	A	PRODUCING I	NTERVAL -					
E	P G	H	Perforation Open Hole	s3654*-	2790' 	oth sing Shoe	3816	Depth Tubing	3750
			OIL WELL TE			_			
L I	K J	I			bbls.oil,	b	bls water in	hrs,	Chok min. Size
M	N O	P	Test After load oil us	Acid or Fractum	re Treatment (a: bbls.oil, 🙎	fter recov	ery of volum water in 2	ne of oil eq hrs,	ual to volume c Choke 32 min. Size
	1		GAS WELL TE						
					MCI	Dave Hou	re flowed	Choke	s Siza
Sire	Feet	menting Recor Sax			back pressure,	-			
	r	1	T		re Treatment:				
6 5/8*	264	250	l		d of Testing:				
5 1/2"	3816	1500shoe 3000DV 1	Acid or Fra	cture Treatment	t (Gi ve amounts	of materi D_090#	als used, su	uch as acid,	water, oil, an
3*	3750		Casing 25	Tubing	Date fin oil run	st new	10-28-	56	
		<u> </u>	Press.	Press.	New Mezi		line Com	ja Ry	
			Ull Transpo	Ph	llips Petr	oleum C	onia ny		
	<u> </u> =		- Gas Transpo					<u> </u>	
emarks:					• • • • • • • • • • • • • • • • • • • •		•••••••		
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I hereb	by certify t	that the info	rmation give	n above is tru	e and complete	10 the be	Company (Inc.	
pproved				, 19			Company or		
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