## NEW! CICO OIL CONSERVATION COMMI. ON Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (CAS) ALLOWABLE FINE OCONEW 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 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.

				Denver City, Texas	March 9, 1959
TE AOE	urbrov n	FOURET	INC AN ALLOWARE	(Place)	(Date)
				E FOR A WELL KNOWN AS:	
10	ompany or Ut	erator)	(I	esse)	• 11
Unit L	, Sec	33	T. 22-5 , R.	36-E NMPM, South Eunic	Pool
	les			led 2-17-59 Date Drilli	ng Completed 2-27-59
Please indicate location:			<del></del>	Total Depth 3811	
x D	C B	TA	Top Oil/Gas Pay	Name of Prod. Form.	Seven Rivers
			PRODUCING INTERVAL -		
E	F G	H	Perforations 3612-	52: 3662-76: 3702-30: 3752	-62
		"	Open Hole	Casing Shoe 3809.	74 Depth Tubing 3650.41
			OIL WELL TEST -		
r	KJ	I	Natural Prod. Test:	bbls.oil,bbls wate	Choke
				acture Treatment (after recovery of v	
M	N O	P		77 bbls.cil, 47.69 bbls water in	
1			GAS WELL TEST -		111 31 V 11111 312e 2070
	Sec. 33	<u>اا</u>			
	sing and Come	nting Reco		MCF/Day; Hours flowe	
Size	Fret	Sax	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tot, back pressure, etc.):	
-	1		1	acture Treatment:	MCF/Day; Hours flowed
7-5/8	359.78	250	Choke SizeM	ethod of Testing:	
1 2 6	2000 00	2000	Acid or Fracture Treat	tment (Give amounts of materials used	, such as acid, water, oil, and
1-1/2 3759.81		1200	sand): 25000 gals. oil & 25.000# sand		
2	2 3605.05		Press. 475 Press	ng Date first new oil run to tanks 3-8	-59
			_	xas-New Mexico Pipe Line	
				illips Petroleum Company	
:marks:	***************************************	*******			***************************************
					•••••
************	• • • • • • • • • • • • • • • • • • • •				
I herel	by certify th	at the info	ormation given above is	true and complete to the best of my	knowledge.
	•				
•	_	1		(Company	or Operator)
OI	L CONSER	VATION	COMMISSION	By:///	N.A. Carr
1/7	- G	1/1/201	Ar M		sature) Annden A
: describe		(4)	LV LCG LV	Title District Super in	ons regarding well to:
le	•••••	<i>[</i>	*******************************	···· Silve Add outle Do	-
		•/		Name The Atlantic Re	Truring company
				Addison Book 1038 Demy	er City. Texas