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

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 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.

				Hobbs, New exico			்10	9-10-57	
					(Place)			(Date)	
				NG AN ALLOWABLE					
	Compar	iy or Ope	rator)	H. E. Esr (Les	se)			•	
H. Und	Letter	, Sec	33	., T22S, R. 36	, NMPM., S	outh Eunice	•••••••••••••••••••••••••••••••••••••••	Pool	
	Lea	•••••		County. Date Spudded	i3 –1–57	Date Drillin	g Completed 3-	20-57	
Please indicate location:				Elevation 3/.7/. I					
D	C	В	A	Top Oil/Gas Pay 3662 PRODUCING INTERVAL -	NameName	of Prod. Form. S	even R ive rs	_Cueen	
				Perforations 3662-5	72: 3702 <u>-</u> 12: 37	11.6_51.			
E	F	G.	H	Open Hole	Depth Casin	g Shoe <u>3853</u>	Depth Tubing	37541	
L	K	J	I	OIL WELL TEST -	hh141			Choke	
				Natural Prod. Test:				_	
M	N	0	P	Test After Acid or Frac				Ot	
				GAS WELL TEST -					
				Natural Prod. Test:	MCE/D	ave House flowed	Challe C	4	
Tubing .	Casing a	and Cemen	ting Recor	Method of Testing (pito	t back procesure of	ay, nours frowed	Choke 5	1ze	
Size		Feet	Sax	Test After Acid or Frac				1	
				Choke SizeMet					
9 5/8	3#	915	250		.ou of rescring.				
711		353	1200	Acid or Fracture Treatme	nt (Give amounts of	materials used,	such as acid, wa	ater, oil, and	
'				sand):Tubing	Date first	new	····		
2"-	2" 3754		PressPress	oil run to	tanks				
				Oil Transporter She	ll Pipe L ine C	orporation_			
				Gas Transporter					
Remarks	:	••••••	•••••••			•••••••••••••			
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				rmation given above is tr			•		
Approved	d	••••••	•••••••	, 19		t Gackle, Or			
	OIL CO	DNSERV	ATION	COMMISSION	By: Paul	J: Doling (Signa	ture)		
By:	4**********			- mall	TitleSuncr	intendentof	. Production	1 ————	
Title		/				Communication			
1 IUC	***********	•••••	••••••••	•••••••••••••••••••••••••••••••••••••••	Name Albe	rt Gackle, (Operator		
					AddressBox	2 07 6, Habbs,	New Mexico) <u></u>	