NEW 'EXICO OIL CONSERVATION COMN SION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				Midland, Texas 1-23-58
				(Place) (Date)
WE ARI	E HERI	EBY R	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
West	ernNa (Compan	tural y or Op	Gas Con erator)	1pany
	Lotter	, Sec		, T
		Lea		County. Date Spudded
			ocation:	Elevation 3489.5 GL Total Depth 3741 PBTD 3735
				Top Oil/Gas PayName of Prod. FormLover 7 Rivers - Queen
D	C	B		PRODUCING INTERVAL -
			+	Perforations36803688, 3700-3728 w/4_jet_shots/foot
E	F	G.	H	Open Hole Casing Shoe Tubing 3678
		X	_	<u>OIL WELL TEST</u> -
L	K	J	I	Choke Natural Prod. Test: <u>None</u> bbls.oil,bbls water inhrs,min. Size
			· ·	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N	0	Р	Choke load oil used):bbls.oil,bbls water in2_hrs, _30 min. Size22/64.
				GAS WELL TEST -
				Natural Prod. Test:MCF/Day; Hours flowedChoke Size
Tubing (Casing a	nd Game	nting Recor	
Sire		Feet	Sax	
		i		Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
8.5	8 5/8 1420 500		500	Choke SizeMethod of Testing:
				Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
51	/2 3	729	500	sand): 15000 gal Petrogel, 15000# ed, 120 balls, 750 gal Dowell X / Casing Tubing Date first new
23	3/8_3	663		Press. 875 Press. 475 oil run to tanks 1-19-58
			•	Gil TransporterTeres New Mertes Pipeline Company
				Gas Transporter United Carbon Company
Remarks	:	•••••	•••••	······································
I he	reby cer	tify the	at the info	ormation given above is true and complete to the best of my knowledge.
Approved	I			
				(Company or Operator)
· (OIL CO	ONSER	VATION	COMMISSION By
	0,		1	(Signature)
By:		, /		Title Office Manager Send Communications regarding well to:
[`itle		••••••	••••••	Name
				Address