NEW MEXICO OIL CONSERVATION COMMISSION 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.

				JAL, NEW MIXICO					MAY 29, 1959	
	*****	neouecti	NG AN ALLOWA	DIE EOD	(Place)	WN AS		(Date)		
OT CITE	HEKEBY Lotic	THE	EME	RY KING	Well No	4	in SW	1/4 NW	1/4	
		A		/ f \						
F. Unit	Latter	Sec1	т 235 , г	36E	, NMPM.,L.	NGLIE MAT	TIX		Pool	
	LEA		County Date S	ouddad d	-6-5 9	Date Drilli	ng Completed	4-17-5	9	
Please indicate location:			Elevation_342	6.4 (ZL	Total D	epth	PBT	D 2101		
D	C	B A			Name of	Frod. Form.	V: 24			
			PRODUCING INTERV			00 0000	11 2750	E Ó		
E	F	G H	Perforations 369	90 <u>-98, 2</u>	704-07. 3726- Depth Casing	533. 3737= Shoe 37 97	Depth Tubin	3700		
			OIL WELL TEST -					~ <u>~~~</u>		
L	K	JI		st:	bbls.oil,	bbls wate	er inhr	s,min.	Choke Size	
			Test After Acid	or Fracture	Treatment (after	recovery of	volume of oil	equal to volu	ime of	
M	N	0 P	load oil used):_	38 bb	ls, oil, <u>15</u>	bbls water in	24 hrs,	min. Size	PUMP	
			GAS WELL TEST -							
				st:	MCF/Day	; Hours flower	edCho	ke Size		
•		Cementing Reco			ack pressure, etc.					
Size	Feet	Sax	7		Treatment:					
8 5/	8 313	200	Choke Size	Method	of Testing:					
5 1/	2 3797	600	•		Gi ve amounts of m					
2H	3700		. —	- i ·	gal. oil + A	en tar				
	7,00		Press. <u>50</u>	Press	oil run to t	anks <u>5-2</u>				
					EWMEXICO PIP	FI.INE COM	PANY			
	ļ		Gas Transporter_	PHILLIPIP	3					
Remarks:	GOR	463-1				•••••••••				
		••••				•••••••••				
I her	eby certif	v that the inf	ormation given abo	ve is true	and complete to t	he best of my	knowledge.			
			,		OLSEN O	ILS. INC.		•••••••		
ripproved	***************	••••	,		CONTRACT AND	(Company	or Operator)	10		
(OIL CON	SERVATION	COMMISSION	/	By: GERTHAN	WILDUN (Sig	Der Thices	L'Uller	<u></u>	
_	1-1-		- 12161		Title PRODUCT	ION FOREM	AN			
Ву				£	Send (Communicat	ions regarding	g well to:		
Title	· - · · · · · · · · · · · · · · · · · ·		<u>/</u>		NameOLSEN	OILS, IN				
					Address BOX 5		NEW MEXI			