NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well

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 that 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 deliv-

ed into	the stoc	k tan	ks. Gas mu	Box 547, Hobbs, N. M.	1/28/60
,				(Place)	(Date)
			-	ING AN ALLOWABLE FOR A WELL KNOWN AS:	
(Company or Operator)				E. F. King, Well No. 5, in SE 1/4.	SW 1/4,
• • •			- ·	(Lease) T. 23S, R 36E NMPM, Langlie Mattix	Doo
Unit i	Letter				
	L	æ2		County. Date Spudded 1-13-60 Date Drilling Completed	1-21-60
Please indicate location:				Elevation 3428 D.F. Total Depth 3800 PBTD	
D	C B		A	Top Oil/Ges Pay 3715 Name of Prod. Form. Queen	
				PRODUCING INTERVAL -	
	F		+ + + + + + + + + + + + + + + + + + + +	Perforations 3715-25, 3730-40'	
E	F	G.	H		3680
				OIL WELL TEST -	
L	K	J	I	Natural Prod. Test:bbls.oil,bbls water inhrs,	Choke min. Size
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal	3
M	N	0	P	load oil used): 49.50 bbls.oil, 0 bbls water in 11 hrs, 0 m	
	İ				111. 312e <u>-</u>
	77.2.0			GAS WELL TEST -	
	<u>. T23</u> S			Natural Prod. Test:MCF/Day; Hours flowed Choke Si	
ibing "Ge Size		d Genne -ct	enting Recor		
	1	``		Test After Acid or Fracture Treatment: MCF/Day; Hours fl	owed
3-5/8 373		3 00	Choke Size Method of Testing:		
				Acid or Fracture Treatment (Give amounts of materials used, such as acid, was	er, oil, and
-1/2	379	9	500	sand): 1.000 gal. 15% Reg. acid. 10,000 gal Ref. oil.	
-3/8	3680)		Casing Press. 4400 Press Oil run to tanks 1-27-60	ت-عمران و داد
	-				
				Oil Transporter Texas-New Mexico Pipeline Co.	
1			 	Gas Transporter Skelly Oil Co.	
marks:.	••••••	••••••			*************
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		ify th	at the info	ormation given above is true and complete to the best of my knowledge. Tidewater Oil Company	
proved		•••••	<u>.</u>	, 19. (Company or Operator)	
_	~/-	10=	7	α	.)
0	il coi	NSEF	CVATION	COMMISSION By: (Signature)	<u> </u>
. 11		_ [.	March	Title Area Supt.	<u> </u>
- Of	<i>f.,()</i>	<i> \$</i>	4. W	Send Communications regarding well	to:
le			โกนุโป/	Name H. P. Shackelford	
		1			
			r	Box 547 Hobbs, N. M.	