NE' MEXICO OIL CONSERVATION COM SSION Santa Fe, New Mexico REQUEST FOR (OIL) - (GAS) ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to my 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.

			(Place) (Date)
EARE	HEREBY	REQUEST	ING AN ALLOWABLE FOR A WELL KNOWN AS:
eccas P	ompany or (oal & 01]	L. Co. State "A" A/on1, Well No42
•	, S	ec 4	, T. 238, R
•••••	Les	• • • • • • • • • • • • • • • • • • • •	County. Date Spudded 11/15/57 Date Drilling Completed 12/7/57
Plea	se indicate	location:	Elevation 3485 Grand Total Depth 3705 PBTD 3770
D	CB		Top Oil/Gas PayName of Prod. FormServer Rivere
		I	PRODUCING INTERVAL -
<u> </u>	F G		Perforations 3718 - 3738
	<i>*</i> 4	H ·	Open Hole Depth Depth Casing Shoe Tubing 3710
			OIL WELL TEST -
	K J	I	
			Natural Prod. lest:bbls.oil,bbls water inhrs,min. Size
	NO	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
			Choke load oil used): <u>236</u> bbls,oil, <u>b</u> bls water in <u>24</u> hrs, <u>min. Size</u> 16/
			GAS WELL TEST -
			- Natural Prod. Test:MCF/Day; Hours flowedChoke Size
-		menting Recon	rd Method of Testing (pitot, back pressure, etc.):
Size	Fret	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
-5/8*	306		Choke SizeMethod of Testing:
-2/ 0	21/2	300	
<u>7"</u>	3767	200	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
	ļ		sand): Sand/oil treated v/10.000 gel. oil & 10,000# Sad.
	ļ	<u> </u>	Press. 600# Press. 275# oil run to tanks December 14, 1957
			011 TransporterTerras New Merrico Pipeline Co.
	!		Gas Transporter
arks :	•••••		7 . 1.1 . J
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•••••	••••••		
			rmation given above is true and complete to the best of my knowledge.
roved		1760	27 195
			(Company or Operator)
OI	L CONSE	KVATION	COMMISSION By:
6.	. St	P.L	
Ui Ci	· & Gas	ins och	Send Communications regarding well to:
•••••••••			Name.TexasPasifis.Coal.&
			Address. P. Q. Box 1688 - Hobbs, N. M.