NEW ! XICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

## **REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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 field 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.

Western No (Comp L Unit Latter	atural Gas C Dany or Operator) Sec. 12	(Place) (Da ESTING AN ALLOWABLE FOR A WELL KNOWN AS: Company King, Well No1, in. NW 1/4 (Lease) T. 23-8, R. 36-8, NMPM., Jaimet Gas	!
Western No (Comp L Unit Latter	atural Gas C Dany or Operator) Sec. 12	Company King , Well No. 1 , in NW 1/4 St	
L. Unit Letter	, Sec. 12	(Lease) T 23-S R 36-E NMPM. Jalmat Gas	
Unit Lotter	, эес		1
Les			
		County. Date Spudded 4-11-69 Date Drilling Completed 9-9-	• <b>60</b>
Please	indicate location		
DC	BA		
		PRODUCING INTERVAL -	
EF	G H	Perforations 3083-3286	
		Generitste Picz. @ 3492 Casing Shoe 3672 Tubing 3502	
LK	JI	I OIL WELL TEST -	Ch
		Natural Prod. Test:bbls.oil,bbls water inhrs,mi	
M N		Test After Acid or Fracture Treatment (after recovery of volume of oil equal to v	Choke
		load oil used):DDIs.oil,DDIs water innrs,min.	;ize
		GAS WELL TEST -	
		Natural Prod. Test:MCF/Day; Hours flowedChoke Size	
	g and Comenting F		
Size	Feet Sa:	Test After Acid or Fracture Treatment: AOF 8 7360 MCF/Day; Hours flowed	12
13.3/8	30 20	Choke SizeMethod of Testing: 2" = 6" OCT Positive Ch w/P	10370
		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water,	oil,
9 5/8	1293 554	W	aand
7	3000 300	Casing Tubing Date first new Press. 576 Press	
		Oil Transporter	
5	754 9	Gas Transporter El Pase Natural Gas Company	
Remarks :	Recempleted	Las.s. dual well in Longlio-Mattiz eil and Jalmat gas pools fro	<b>R@</b> -
	-	Langlie-Mattix oil pool.	
-			<b>.</b>
I hereby	certify that the	e information given above is true and complete to the best of my knowledge.	
Approved		19	•••••
PP: VV VV	··········	The second second	
	1. 1. 1. 1.		
	CONSERVATI	TION COMMISSION By: Signature) By Signature	<b>**</b>
	CONSERVATI	(Signarure) W. B. Sce	tt
	CONSERVAT	TION COMMISSION By: Signature W. B. Sce Title Send Communications regarding well to:	

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