NEW ? (ICO OIL CONSERVATION COMMI' ON Santa Fe, New Mexico



REQUEST FOR (OPE) - (GAS) ALLOWABLE

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

XIIIII

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. Hebbs. Hev Mercice August 31, 1960

| | | | | | | | | | 4 |
|---|----------------|-------------------|----------------------|-----------------------------|----------------------------|---|---|---|--------------------|
| "L" (C | Company or O | perator) 4 | T. 22-8 | (Lease) , R. 37-E | NMPM., . | Bl | inebry (G | es) | Pool |
| Unit 1 | Letter | | | | | | | | |
| Lea | | 6 /·· 4 644666494 | County. Dat | e Spydded De 3456' DF | • 25 ₉ 174 | Date | Drilling Co #1101 | mpleted 2 | 6310' |
| Ple | ase indicate | location: | | ay 5488 1 | | | | | |
| D | C B | A | | | | | | | |
| | | | PRODUCING INT | ERVAL - 5581 | -861, 561 | .6-20', | 5625-281 | , 5633-3 | 51, 5655-61 |
| E | FG | H | | 5695 | | | | | |
| | | Д | Open Hole | | Cas | ing Shoe_ | 81101 | Tubing | 55811 |
| | ection 4 | | OIL WELL TEST | - | | | | | |
| L• | K J | I | Natural Prod. | Testi | bbls.oil. | ь | bls water in | hrs. | Choke min. Size |
| | | | | | | | • | | al to volume of |
| M | N O | | | | | | | | Choke minSize |
| | | | | | 5,011, | DDIS | water in | nrs, | _min. Size |
| | | | GAS WELL TEST | | | | | | |
| 810' F | WL & 2130 | · FSL | Natural Prod. | Test: | MCF | /Day; Hou | rs flowed | Choke | Size |
| ubing ,C | asing and Cer | menting Recor | d Method of Tes | ting (pitot, ba | ck pressure, | etc.): | | | |
| Size | Feet | Sax | Test After Ac | id or Fracture | Treatment: | 177 | MCF/ | Day; Hours | flowed 24 |
| | Set At | | 7 | 2 Method o | | | | | |
| 3-3/8 | a 156' | 150 | | | | | | | |
| 9-5/8 | * 28801 | 1200 | Acid or Fract | ure Treatment (C | Gi ve amounts | of materia | als used, suc | h as acid, | water, oil, and |
| / // 0 | | | sand): Trea | ted W/ 960 | bbls. ise | . 011, | 40,000 | sand &) | 00 gals. ac |
| 7 # | 8110' | 500 | Casing Press. 650 | Tubing Press. 500 | oil run | st new to tanks_ | | | |
| 1- | | 1 | Oil Transport | erTexas- | New Maxie | e Pipe | Line Com | pany | |
| <u> </u> | | 1 | 1 . | Barrenda | | Ann TA | ne Campatr | w. | |
| 2 [#] | 5581 · | | Gas Transport | | n Basin F | The TT | and see the second | / | |
| 2" | | | Gas Transport | er | n Basin F | 190 101 | | | |
| 2" | 5581. | | Gas Transport | er | n Basin F | 190 111 | | | |
| 2" | | | Gas Transport | er | n Basin F | 190 11 | | | |
| 2 ¹¹ emarks : | | | | | in Basin F | | | | |
| 2 ¹⁰ emarks : | | | Gas Transport | | n Basin F | to the be | st of my know | | |
| 2w emarks: I her | reby certify t | hat the info | | above is true a | n Basin F | to the be | it of my know | vledge. | |
| 2# emarks: I her oproved | reby certify t | hat the info | rmation given a | above is true a , 19 | n Basin F | to the be | st of my know | vledge. | |
| 2 ¹⁰ emarks : I her oproved | reby certify t | hat the info | rmation given a | above is true a , 19 | n Basin F | to the be | it of my know | vledge. | |
| 21 marks: I her oproved | reby certify t | hat the info | rmation given a | above is true a , 19 | n Basin F | to the be 1 y 011 | it of my know | vledge. | |
| 2# emarks: I her oproved | reby certify t | hat the info | rmation given a | above is true a , 19 | nd complete Skel By: | to the be 17 011 | t of my know Company or Of Company or Of Company or Of Signature Signature | vledge. perator) Caree | rell to: |
| 21 marks: I her oproved | reby certify t | hat the info | rmation given a | above is true a , 19 | nd complete Skel By: | to the be 1y 011 (C D1st nd Comm | t of my know Company or Of Company or Of Signature Signature Supt. | wledge. perator) Caree :) egarding w | rell to: |
| 2# emarks: I her pproved | reby certify t | hat the info | rmation given a | above is true a , 19 | nd complete Skel By: | to the be 1y 011 (C D1st nd Comm Skel | t of my know Company or Of Company or Of Company or Of Signature Signature | wledge. perator) (arec egarding w mpany | |