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.

				Eunice, New Mexico 11-8-61 (Date)			
WE AR	E HER	EBY B	EQUESTI	NO AN ATTOMARTE FOR	A TAPET T TENEDALINE LO		
Nevi	Compar	y or Op	brise :	Inc. Grizzell	, Well No1	, inS.W	
G	Letter	, Sec.	- 5	, T22, R37	, NMPM., TubbGas	P∞	
Lea Please indicate location:				County. Date Spudded	Date Dril	ling Completed	
				Elevation 3447 D	Total Depth 65	49 FВТЭ6192	
D	C	В	A	Top Oil/Gas Pay 6062	Name of Frod. Form	Tubles	
				PRODUCING INTERVAL -			
E	F	 _ _ _	17	Perforations 6062	6163		
	r	G X	Н		Depth Casing Shoe	Depth Tubina 6102	
				CIL WELL TEST -		~	
L	K	J	I		bbls.oil. bbls.wa	Choke ter in hrs, min. Size	
						volume of oil equal to volume of	
М	N	0	P			inhrs,min. Size	
				GAS WELL TEST -	DD15 Water	nrs,min. Size	
		<u>. </u>	<u></u>				
Publing	Coalas	and Como	tina Pasan			wedChoke Size	
Size		rna cemer Feet	nting Recor	me and of realing (priot, p	ack pressure, etc.):		
- /						MCF/Day; Hours flowed 24	
13/8 165 160			160	Choke Size22/64 Method	of Testing: Back Pres	saure	
03/	2 36	9.7	1.771	Acid or Fracture Treatment (Give amounts of materials use	d. such as acid. water. nil. and	
010	71	1	200	15,000 gal.	acid and 15,700 #	d, such as acid, water, oil, and 20-40 sand	
5/2	161	48	20	Casing Tubing	Cid over perforat	ions	
	-		,, etc.	1	•		
Lemarks	Th:	ie we	11 for		y Gil Company	lugged back to	
Tubbs				mar = 3 ht. cadacad =	111 A15-A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Takkaa macr na	
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I he	reby cer	tify tha	t the infor	mation given above is true a	nd complete to the best of m	v knowladza	
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-Proved	***********	***********		, 15	Company	prose Inc.	
(OIL CC	NSER	VATION	COMMISSION	By: LE Groz	vell	
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y	<u> </u>		/ 	=	Title Office Manage		
Title					Send Communications regarding well to:		
		•••••••			Name Neville G. P	enrose Inc.	
					AddressBox 988	Eunice, New Mexico.	