NEW N (ICO OIL CONSERVATION COMMIS) ON Santa Fe, New Mexico

REQUEST FOR (OIL) - (CASA ALLOWABLE

New Weli 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.

							.co 4	/11/60	(D-+)
	CDEBV DI	OUESTI	NC AN ALL	OWABLE FO	(Place) DSA WETT		AS		(Date)
								NW	. <u>1/4</u>
(Com	pany or Ope	rator)		(Lease)	, wei		_ /		Pc
В	, Sec.	9	, T ²²	, R. 	, NMPN	£., Ba	re / /	ب	Po
Unit Lotti Loa					9/30/45	Dat	e Deilling	Completed	1/9/46
			Elevation	ate Spudded 3436		 Total Depth	7881	PBTD	
Please	indicate lo	xation:							
DC	ζB	A	PRODUCING I			-			
	· A ·	19081			71.56				
EF	G	H	Perforation	s 7375 & 7		Depth	7881	Depth	764.5
						Casing Shoe		Tuting	
LR	<u> </u>	I	OIL WELL TE						Chok
			Natural Pro	d.Test:	bbls.oil,	• <u>•</u>	bbls water i	nhrs	,min. Size
			Test After	Acid or Fractur	e Treatment	(after reco	very of volu	me of oil e	qual to volume o
MN		Р	load oil us	ed):b	bls.oil,	0 bbls	water in	16 hrs,	Choke
			GAS WELL TE	<u>-</u>					
		<i></i>				MCE/Day: Ho	urs flowed	Chak	e Size
	ng and Ceme	nting Recou				_			
Size	Feet	Sax							r flowed
			7						s flowed
13 3/8	1100'	80 0	Choke Size	Method	of lesting:	·			
9 5/8	4600	40 0	Acid or Fra	cture Treatment	(Give amoun	ats of mater	ials used, s	uch as acid	, water, oil, an
			sand): 5	00 Gal 15%	Acid				
7	7881	825	Casing Press.	Tubing Press.	Do Date oil r	first new run to tanks	4-9-60		
				rter Skelly					
emarke ·		-							
		••••••••••••••••	- لتب	1 c	, , , , , , , , , , , , , , , , , , ,	c	7.7		
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······				n above is true	and compl	ete to the b	est of my kn	owledge.	
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pproved	·····			, 19	••••••		Company or		
01	PONSEE	WATION	COMMISSI	ON /	By:	ØK	1 Jas	splan	
							(Signat		
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itle			· · · · · · · · · · · · · · · · · · ·	·····	Name	Socony	Моъіі 01	l Company	y, Inc.
					Address.	Box 24	06, Hodd	a, New M	exico

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