NUMBER OF COP S RECEIVED C STRIBUTION SANTA FF FILE U.S.G.S. LAND OFFICE TRANSPORTER GL PROPATION OFFICE OPERATOR

HEW MEXICO OF CONSERVATION COMMISSION Santa Fe, New Mexic

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

HOBBS OFFICE OCC

Recomplete:

This form small be submatted 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 Description of the 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

d into the	stock tanks	. Gas must	t be reported on		obbs, Her	Next co	May 23,	1961
r aor ur	DERV DE	OUESTIN	NG AN ALLOW	ABLE FOR A	(Place) WELL KNO	WN AS:		(Date)
				unson			, in SV	4NE
Unit Letter	, Sec		., T22~S,	R37-E, N	IMPM.,		Blinebry	Pool
			County. Date	Spudded	në se ages	Date Drilli	ng Completed	•
	indicate lo		Elevation	31,161	Total De	epth651/		
D C	В	A	Top Oil/G	y56601	Name of	Prod. Form	Blinebry	
' "			PRODUCING INTER		794-961, 5	814-16	4 5822-241 5725-271 57	13h-361 .
E F	G.	Н	Perforations	5660-621, 56	Depth	Chan	Depth Tubino	KR201
	۰				Casing	2uoe	rubing	3030
K	J	-	OIL WELL TEST					~ Choke
		"		Test:bbl	•		*	
				d or Fracture Trea				Choke
M	0	P	load oil used)	:bbls.oi	11,	bbls water in	1 21 hrs,	min. Size 30/
			GAS WELL TEST	-				
RTL1 FE	L 20861	FNI.	Natural Prod	Test:	MCF/Day	; Hours flowe	edChoke	Size
•	g and Cemen			ing (pitot, back p	-			
Size	Feet	Sax		d or Fracture Trea	atment:		MCF/Day; Hours	flowed
			7	Method of Te				
3-3/89	3241	300						
9-5/8	28001	1300	1	re Treatment (Give				
			sand):	OOO gale ref.	Date first n	1/10F Ad	omite M-II	6_3#_SP3
7"	6hh01	700		Tubing 6000-				
			Oil Transporte	r Ouls of	Corp., C	rude 011	Division -	Trucks
			Gas Transporte			•	·	
marks:	DC-30k	9Dua	lly complete	d. Lower 201	O ITINGS	Sa		

I hereby	certify tha	it the info	rmation given a	bove is true and	complete to th	he best of my	knowledge.	
proved		************		, 19		Galf Oll	or Operator)	<u></u>
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OIL	CONSER	VATION	COMMISSION	N By	· X	(Sig	mature)	
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/_/_	L././	<i>[f</i>	(/	Ti	tle Send (Communicat	ions regarding w	vell to:
le			or sales in the				Corporation	
				Na	ıme		,	
,				Ad	ldress	Bex 2167	, Hobbs, M	W Merico