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Title

CO OIL CONSERVATION COMMISSION (Form C-104) Revised 7/1/57 Santa Fe, New Mexi

Nov

FOR (OIL) - (Electric) ALLOWAPLE

HOBBS OFFICE O. C. C. BORDANSK

D14 90

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. Hobbs, New Maxino November 27, 1963 (Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: (Lease) (Company or Operator)Pool Date 201 11.8 Les County. Date Spudded..... PBTD 7235 Elevation_ Please indicate location: Drinkard Top Oil/G Pay 6193 Name of Prod. Form. PRODUCING INTERVAL -

				Perforations 6584, 6547, 6518 & 6493'
E	F	G	H	Depth Depth Depth Open Hole Casing Shoe 7488 OIL WELL TEST -
L	K	J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N	0	P	load oil used): 10 bbls.oil, bbls water in 24 hrs, min. Size 22/64 GAS WELL TEST -
	FN & B (FOOT	ACES	nting Record	MCF/Day; Hours flowedChoke Size Method of Testing (pitot, back pressure, etc.):
Su	r	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed

Method of Testing:

Choke Size

9-5/8*	2885	1300	Acid or Fractur sand):	e Treatment	Give amounts	of materia	ls used, such	h as ac	id, water, oll, and
7=	7475	800	Casing Press	Tubing Press.	Date fir	st new to tanks_	Novembe	<u>r 8.</u>	1963
2-7/8*	6537		Oil Transporter Gas Transporter	14		Grude	041 Depar	ineni	- Trucice
Remarks :	Abanda	ned South	Hare & Reco	mpleted	in Drinkes	d			
•		1	<u> </u>	<u></u>	<u> </u>				
I hereb	y certify t	hat the info	rmation given at	pove is tru	e and complete	to the be	st of my know	wledge	
Approved	••••••••••••••••••••••••••••••••••••••		ermation given at	, 19			Company or O	perator)
	· -·		COMMISSION		ORic By:c	GINAL CR	AND BY		
By				•••••	Se	end Comr	nunications r	regardi	ng well to:

Address Bax 670, Hobbe, New Mexico