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 newoil is delivered into the stock tanks. Cas must be reported on 15.025 psia at 60° Fahrenheit.

gar, title	JUKER TOTAL	V =0 111=0			, New Mexico	1-4-60 (Date)
or ur	PERV D	FOUESTI	NG AN ALLOWARLE	, ,	KNOWN AS:	(200.)
						n.SE
(Comp	pany or Op	erator)	(L	ease)		
n Lette	, Sec.	20	., T. 22 S, R. 37	E , NMPM.,	Langlie	Mattix Pool
Les	1		County. Date Spudd	led12-2-59	Date Drilling	Completed 12-13-59
Please indicate location:			Elevation 3366 G	, T Tc	tal Depth 37.	PETD
	TR	Τ Δ	Top Oil/Gas Pay	. 78 Na	me of Prod. Form.	renrose Sand
		•	PRODUCING INTERVAL -	d	0 0550\{0565	. 2502 \ 250 \
+ -	+-	u	Perforations 350	8-3513) (354)	9-3550) (3507	Depth
F	G.	^	Open Hole	Ca	sing Shoe 3746	Tubing
 			OIL WELL TEST -	•		Choke
K	. J		Natural Prod. Test:_	bbls.oil,	bbls water	
			Test After Acid or Fi	racture Treatment (a	after recovery of vo	lume of oil equal to volume of
N	0	P	load oil used):	O_bbls.oil,	bbls water in	24 hrs,min. Size 16/6
		X	GAS WELL TEST -			
			Natural Prod. Test:	M	CF/Day; Hours flowed	Choke Size
g Casi	ng and Cem	enting Reco	-			
ıze	Feet	Sax		racture Treatment:_		MCF/Day; Hours flowed
- (4)			Choke Size			
5/8	315	circul		46	of materials used.	such as acid, water, oil, and
1/2	3746	200				
15 1115	277.5		sand): 20,000 Casing 4,000 Tub	ing Date f	irst new	L-1-60
HUB	3713	<u> </u>				
l			Oil Transporter	Texas New M	exico Pipe	Line
1			Gas Transporter			
rks:		****				
		••••••••••••••••••••••••••••••••••••••				•
				- to and complet	e to the best of my	knowledge.
hereby	y certify t	hat the ini	ormation given above i	s true and complet	Neville	Gp Penrose Inc.
ved		HW.T.	179, 19	••••••	(Company	or Operator)
OII	CONSE	RVATION	N COMMISSION	Ву:	K6'6	mowell
	5 1		1	R.F	Crowel1Sign	afure)
, f	tin ,	u. 1	Lungar	Title	Agen	t
		Goolog	la'.			
••••				Name	Neville G.	Penrose Inc.
				Address	Box 988 Eunice, New	Marico
	Ile. (Composite Letter	Company or Open Company or Ope	RE HEREBY REQUESTION The Penrose I (Company or Operator) Sec. 20	Company or Operator) (Company or Operator)	Eunice (Place) RE HEREBY REQUESTING AN ALLOWABLE FOR A WELL Ile - Penrose Inc. Clower State Well N (Company or Operator) Sec. 20	RE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: 11e. Penrose Inc. Clower State Well No. 1 (Lease) (Company or Operator) The County Date Spudded 12-2-59 Date Detilling Selevation 3366 GL Total Depth 37A6 Total Depth 37A6 Total Depth 37A6 Total Perforations 3508-3513) (3549-3550) (3567 F G H Depth Casing Shoe 37A6 Open Hole Depth Casing Shoe 37A6 Oli WELL TEST - Natural Prod. Test: bbls.oil, bbls water in GAS WELL TEST - Natural Prod. Test: bbls.oil, bbls water in GAS WELL TEST - Natural Prod. Test: MCE/Day; Hours flowed are Feet Sax Test After Acid or Fracture Treatment (after recovery of voload oil used): 80 bbls.oil, bbls water in GAS WELL TEST - Natural Prod. Test: MCE/Day; Hours flowed are Feet Sax Test After Acid or Fracture Treatment: Coheke Size Method of Testing: 1/2 3746 200 EUE 3715 EUE 3715 Acid or Fracture Treatment: Give amounts of materials used, sand): 20 000 gal Frac Unit Date first hew Gas Transporter Texas New Mexico Pipe Gas T