NEW N JICO OIL CONSERVATION COMMIL JN Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWARIES OFFICE OFFICE OFFICE 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 Augn 2501 was the. 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.

				<u>Aidland, Texas</u> (Place)				August 25, 1959 (Date)		
WE ARE	E HEREB	Y REQUEST	ING AN ALLOWAE	LE FOR	A WELL KN	IOWN	AS:		(
Comoas	s.Explo	ration, In	G	State	, Well No	2-32	, in	NE ,	4. NW 1/4.	
C	• •	r Operator) Sec <u>32</u>	, T <u>225</u> , R.	(Lease)	., NMPM.,	Lan	<u>elie dat</u>	<u>ix</u>	Pool	
Lea		•••••••••••••••••••••••••••••••••••••••	County. Date Spi	udded	3/7/59	Date	Drilling Co	mpleted	8/15/59	
		ate location:	Elevation	353 GL	Total	Depth	3805	PBTD		
D	C	B A	Top Oil/Gas Pay PRODUCING INTERVAL	-			Form	Jueen		
Е	F	G H	Perforations	3596	- 3726 Depth	·	2005T	Depth		
L	ĸ	JI	Open Hole		Casing	g Shoe	3005	Tubing	3576	
	~		Natural Prod. Test	·	bbls.oil,	bb	ls water in	hrs,	Choke min. Size	
M Tubing ,0 Size	N casing and For	O P Gementing Reco	Test After Acid or load oil used): GAS WELL TEST - Natural Prod. Test rd Method of Testing	_250_bb1s		bbls wa	iter in <u>21</u>	hrs,O	Choke _min. Size <u>18/61</u> Size	
			Test After Acid or						flowed	
8 5/3	8 350) 200	Choke Size	Method of	Testing:				······································	
5 1/2	2 3805	5 250	Acid or Fracture Tr						ater, oil, and	
			sand): 25,000	zallons	011 & 75.00	00 pou	nds sand			
2	3576	5	Casing Tu Press. 950 Pr							
			Oil Transporter				ration	,		
Remarks :	3596	- 3716	- Gas Transporter	Skell	y Oil Compa	3777				
I her	eby certify	y that the info	ormation given above	is true an	d complete to t	the best	of my know	ledge.		
Approved.	••••••	••••••	, 19				ion Inc. npany or Op	- V	i d	
C	DIL CON	SERVATION	COMMISSION	F	y:l	Y.	(Signature)	MALL,	11	
By:		<u></u>	Killer 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		fitle Send		ent nications re	garding we	ll to:	
litle			••••••	r	lame			-		
					ddress	, 95°,	aidland	Texas		