LLEGIBLE NEV IEXICO OIL CONSERVATION COM ISION Santa Fe, New Mexico (Perm C-104) Revised 7/1/57 REQUEST FOR (OIL) - (GAS) ALLOWABLE 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 Mexico	Dec. 30, 1957
			(Place)	(Date)
WE ARE I	HEREBY I	REQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	
/Cc		perator)	Galf Drinkard , Well No. 1	in Seve 1/4 Seve 1/4,
M		. 30	, T. 225 , R. 38E , NMPM., Printerd	Pool
			County. Date Spudded Nove 11,1957 Date Drilling	Completed Dec. 8, 1957
Plea	Please indicate location:		Elevation 3331.6 Total Depth 7730 Top Oil/Gas Pay 6546 Name of Prod. Form.	
D	СВ		PRODUCING INTERVAL -	
		4	Perforations 6852-62, 6866-74, 6912-22, 6944	
E	F G	H	Open Hole Rone Casing Shoe 7024	Depth
			OIL WELL TEST -	
L	K J	I	Natural Prod. Test: None bbls.oil, Cone bbls water	Choke in 🖝 hrs.co min. Size on
			Test After Acid or Fracture Treatment (after recovery of vol	
1	NO	P	load oil used): 35 bbls.oil, 0 bbls water in	Chaka
X			GAS WELL TEST -	
			- Natural Prod. Test: New testing MCF/Day; Hours flowed	Choke Size
Tubing ,Cas	ing and Cem	enting Recor		
Sire	Feet	Sax	Test After Acid or Fracture Treatment:	· · · · · · · · · · · · · · · · · · ·
133/8	2081	2000	Choke SizeMethod of Testing:	
		200		
8 5/8	2819	1213	Acid or Fracture Treatment (Give amounts of materials used,	such as acid, water, oil, and
e 3 /0			sand): 8000 galse 15 % Reg. L. S. T. acid Casing Tubing Date first new	
5 1/2	7724	500	Casing Tubing Date first new Press. 0 Press. 2800 oil run to tanks Jamuar	
			Oil Transporter Texas, New Mexico, Pipeline C	Δ
	Beenie	<u>.</u>	Gas Transporter	
Remarks:			adie to compense lantery 1, 1957	•••••••••••••••••••••••••••••••••••••••
••••••	••••••	••••••••••••••••••••		
T hereb	v certify th	at the info	rmation given above is true and complete to the best of my ki	nowledge
			19. Mestern Gilfields I	
ippiored	••••••		Company or	
OI	L CONSEI	RVATION	COMMISSION By ME Livar	thout
	6		(Signat	ure)
y:		1-1-2	Title Suparintondent	- monding well to :
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		*****************	Name	ţ
			Address Box 11/7 Hob a	Mext oo