## NEW ME CO OIL CONSERVATION COMMISS. i Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (Checking ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gás 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 He	Hobbs, New Mexico		October 27, 1964 (Date)		
E ARE HI	EREBY RE	QUESTI	NG AN ALLOWABLE	FOR A WELL KNOW	WN AS:		· · ·		
(Com	pany or Ope	GE QII ( rator) 2	Company Brun (Lea T. 225 , R.	1367. 5., Well No	, in	<b>NE</b>	<b>SW</b> <sup>1</sup> /4,		
R. Unit Lette	, Sec	2	, T <b>443</b> , R	<b>3/8</b> , NMPM.,			Pool		
Lee		·····	County. Datg/Spudder	9-30-64	Date Jutiting	pleted	10-25-64		
Please	indicate lo	cation:	Elevation	Total De Name of	pth	PBIU			
DC	B	A	Top Oil/Gas Pay	Name or a	Prod. Porm				
E I	• G.	H		5. 5790. 5797. 5 Depth Casing S			5756		
LR		I	OIL WELL TEST -				Choke		
- n			_Test After_Acid or Frac	bbls.oil, cture Treatment (after r	ecovery of volum	ne of oil equa	l to volume of		
MN	0	P		bbls,cil,b	bls water in <b>2</b>	<b>4</b> _hrs,	Chok 22 h		
			GAS WELL TEST -						
				MCF/Day;					
•	ng and Ceme			ot, back pressure, etc.)					
Sire	Feet	Sax		cture Treatment:					
-3/8"	280	300	Choke SizeMe	thod of Testing:					
-5/8"	2793'	500		ment (Give amounts of ma					
<u>1</u>	64881	350	sand) Acid 2000 get Casing Tubing	Date first nei biogogi pate f	Frac 29,000	gal + 204	00 <del>4 sand s</del> Adol		
				oil run to ta					
-3/8"	5756	Set	Gas Transporter Ver						
80 + 3	3 <b>34/2</b> 4 1	ST, 560	w/1-3/8" hole each offrac w/20000 gals 54" E FTP 250# 668	# 5785, 5790, 57 # 20000# sand + 82857, Grav. 33.0	1009# adami . / ?	ite, flar	en potentia		
I hereby	y certify th Octob	at the info	ormation given above is	true and complete to th	ServiceD	LiCompany	, ka		
$\sim$				By:	(Company or C	Operator)			
	4 CONSER		COMMISSION	Title Distric	(Signatu	ure )	·		
le		<i>v</i>				·····			
		Ine		Address P. O. I		jobbs, New	Nexico		

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