NEW M ICO OIL CONSERVATION COMMIS. N Santa Fe, New Mexico

(Form C-194) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWARDES OFFICE OF OR Well OFFICE OF OFFICE OFFICE OF OFFICE OFFI

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 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.

ա ա				Te xas	4-4. (Date)	- 62	
	_			(Place) G AN ALLOWABLE FOR A WELL KNOWN AS:			
E ARE H	EREBY R	EQUESTIF	deral-Hanagan	WELL KIN	OWN AS.	SE Z SE	1/.
/Cor	nnany or Ot	erator)	(Leas	ie)			
3	Sec	11	, T 245 , R 32	, NMPM.,	Mildca	<u> </u>	Pool
Sinds Lat	ter						
			County. Date Spudded	F Total	Depth 5065	рвто 5033	*** ******
Pleas	e indicate	location:	Top 011/Gas Pay 11970-				
D	C B	A	PRODUCING INTERVAL -	0021	0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
			Perforations 4974 (roducing zone	1970-5024)	Depth	
E	F G	H	Open Hole Notched	l Casin	g Shoe 5065	Tubing 4500	
L	K J	I	OIL WELL TEST - Natural Prod. Test: 10)bbls.cil, _2()bbls water i	n <u>S</u> hrs, <u>O</u> min.	Choke Size swab -
			Test After Acid or Frac			Cho	ke .
M	N O	P	load oil used): 50	bbls.oil, 33	bbls water in 2	hrs, O min. Siz	ePumping
ļ		0	GAS WELL TEST -				
660 fr	ST. 660	fr July		MCE/D	Dav: Hours flowed	Choke Size	
		enting Recor					
Size	Feet	SAX	Test After Acid or Frac				
	T	150 sx s	Choke SizeMet				
8-5/8	323	plus 8%	del				
	7-6-	250 sxs	Acid or Fracture Treatm	ent (Give amounts of	materials used, s	uch as acid, water, oi	l, and
4-1/2	5 065	1 ozmix	sand): 250 gals Casing Tubing	15% NE Acid, 1	000 gals refi	ned oil, 1000#	20 <u>-110</u> sd.
2	4500	Pumping String	Droce 180 Press.	Pumping oil run to	tanks 1-2-62		
7	4500	1 .vering	Oil Transporter Per				
		<u> </u>	Gas Transporter				
emarks:	This we.	ll would	not flow and was p	ut on pump to	establish pro	duction.	*********
CIII cu a 3		_			*****	***************************************	
					***************************************	***************************************	•••••
I hereby certify			_EGIDLI		the best of my ka		
pproved		·····	, 19	Curtls	(Company or	Operator)	
	Andrew Control		2	10 C		Vantamer	
0	IL CONSI	ERVATION 2	N COMMISSION	Бу,	(Signal	PALL C. Halle	amer
y:(Sen		s regarding well to:	
Title	••••••			NameCur	rtis Hankamer		
				Address.1422	2Bankofthe	-Southwest-Bldg.	, Houston Texas