Santa Fe, New Mexico

REQUEST FOR (OIL) - (CAS) ALLOWABLE New Well HUBBS OFFICE UCC.

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 field dirically calleged. 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.

CORR	ECTED CO)P Y	Eunice, New Mexico January 11, 1960 (Place) (Date)					
WE ARE	HEREBY	REQUESTI	ING AN ALLOWABLE	FOR A WELL KN	OWN AS:			
((Company or	Operator)	wilder (Les	13c)			•	
E Date	S	Sec25	T 26-S R	32-E., NMPM.,	El Mar Dela	ware	Pool	
	_		County. Date Spudder	11_1_50	Data Dwilling	Completed	11 14 50	
		te location:	Elevation 3124 T	FTotal	Depth 4654	PBID		
D	C	B A	Top Oil PRODUCING INTERVAL	<u>.3</u> Nате о	f Frod. Form.	Delaware	Sand	
E	F	G H	Perforations 461	Denth		Depth		
x			Open Hole OIL WELL TEST -	Casing	Shoe 4654	Tubing	4574	
L	K .	JI	Natural Prod. Test:	bbls.oil,	bbls water	inhrs	Choke ,min. Size	
М	N O	0 P	Test After Acid or Fraction of Fractions load oil used): <u>470</u>				Chaka	
			GAS WELL TEST -		_			
			Natural Prod. Test:	MCF/Da	y; Hours flowed	Choki	e Size	
Tubing , Casing and Cementing Recor			rd Method of Testing (; ite	t, back pressure, etc	.):			
Size	Feet	Sax	Test After Acid or Frac	ture Treatment:	м	CF/Day; Hour	s flowed	
7 5/8	343	175	Choke Size Vet	hod of Testing:				
4 1/2	4691	. 175	Acid or Fracture Treatm					
2"	4601	•	sand) 500 gals acid Casing Tubing Press. 0 Press.		tanks <u>11–18–5</u>	9 11/30	Dell seafels	
			Oil Transporter Per					
Remarks:			Gas Transporter N					
	0/053 5				•••••••••••••••••••••••••••••••••••••••			
	069515						***************************************	
			ormation given above is to					
⊶ppro veα .		•••••••••••••••••••••••••••••••••••••••	, 17		(Company or	Operator)		
C	IL CONS	ERVATION	COMMISSION	By: 27/1	(Signate	ure)	<u>.</u>	
Ву:				Title District Superintendent Send Communications regarding well to:				
Title	•••••				Communications	8		
	J			Name	NameJ. R. Parker			
0/3 NE	ZCC WAM	file		, , , Rox	Rox 68. Eunice. New Mexico			