NEW M ICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - KANAKALLOWABLE

New Well

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.

				Eunice, New 1	Mexico	May 16, 19	960
WE ADE I	UEDEDV I	DEOUESTU		(Place)		(Date	:)
			NG AN ALLOWABLE FO			an . an	
	ompany or U	(perator)	vilder (Lesse)				•
H Unit La	, Se	c26	., T . 26–S , R . 32–E	, NMPM., 🔛 M	ar D ela war	' e	Pool
Le	a		County. Date Spudded	4-29-60 Date	Drilling Comp	pleted 5-10-	-60
Please indicate location:			Elevation 3121 KB				
D	CB	A	Top Oil/@s Pay 4605	Name of Prod.	Form. Del.	aware Sand	
		-	PRODUCING INTERVAL -				
E	F G	H	Perforations 4605-10	1 1/4 JSPF			
			Open Hole	Depth Casing Shoe	46521	Depth Tubing 4571	
		X	OIL WELL TEST -				
L	K J	I	Natural Prod. Test:	bbls.oil, bb	ls water in	brs. min.	Choke
			Test After Acid or Fracture				
M	N O	Р	load oil used): <u>82</u> bl				
			GAS WELL TEST -				
			Natural Prod. Test:	MCF/Day; Hour	s flowed	Choke Size	
Tubing ,Cas	ing and Cem	enting Record					- <u>1999 - 1999 - 1999 - 1999</u>
Size	Feet	Sax	Test After Acid or Fracture			y; Hours flowed	
7-5/8	329	175	Choke SizeMethod				
4-1/2	4663	1025	Acid or Fracture Treatment	(Give amounts of materia)	ls used, such a	as acid, water, oi	l, and
			sand): 500 gals. acid	l, fraced w/2000 g	als. crude	e, 3000 lba.	sd,
2"	4581		Casing Tubing Press. 125 Press. 37	Date first new 5oil run to tanks	5-14-60	100 1	bs. Adomit
			Oil Transporter Cactus				
			Gas Transporter None				
Remarks :			······				••••••
<u> </u>	.C 06951	5				·····	• • • • • • • • • • • •
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I hereb	y certify th	nat the infor	mation given above is true	-	•	-	
Approved		MAY	, 19	Continental	Oil Compar mpany or Oper		
OI	L CONSEI	RVATIÓN	COMMISSION	By: Marke	laura	- cu	
					(Signature)		
By:	ll	July -	<u>- / - </u>	Title District Sup			
Title		1 de		Send Commu	inications rega	arding well to:	
A 168G	••••••			Name J. R. Parke	P		
0/3 NIPCO	WAM I	TLE		Address Box 68, E	unice, New	Mexico	