NEW 'XICO OIL CONSERVATION COMMI 'ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			<u>Midland</u> (Place)	Rexes	8/3/59 (Date)
WE ARE F	HEREBY I	REQUESTI	G AN ALLOWABLE FOR A WELL K	KNOWN AS:	(==15)
(Company or Operator)				o, in	N
			, T 26 S, R <u>3</u> 2E, NMPM.,		
Lea	*************	1	County. Date Spudded7/11/59	Date Drilling Comple	eted 7/19/59
	e indicate		Elevation 3101 Tot	al Depth 1711	_PBTD1683
D	C B	A	Top Oil/Gas Pay 1,568 Nam	e of Prod. Form. Delay	Tare Sand
	·		PRODUCING INTERVAL -		•
E	F G	Н	Perforations 1589 to 1595 Open Hole Dep Cas	th 1710 21	Depth LCCL 70
			OIL WELL TEST -	The shoe HIVEL	inerud #32# • 1 P
L	K J	I	Natural Prod. Test:bbls.oil,	bbls water in	Choke hrs, min. Size
M	1 0	P	Test After Acid or Fracture Treatment (af	ter recovery of volume of	oil equal to volume of
			load oil used): 36.3 bbls.oil, 0	bbls water in 21 hr	rs, <u>0</u> min. Size <u>111/6</u>
			GAS WELL TEST -		
			Natural Prod. Test: MCF		
Tubing , Casing and Gementing Record Size Feet Sax			Method of Testing (pitot, back pressure,		
			Test After Acid or Fracture Treatment:		Hours flowed
2 3/8	4554	-	Choke SizeMethod of Testing:		
4 1/2	4722	250	Acid or Fracture Treatment (Give amounts o		
8 5/8	335	150 611	sand): 250 gal acid. 1000 ga Casing Tubing Date firs	A	
0 270	ررد	200 613	Press. Press. 725# oil run t	.o tanks 8/1/59	
			Gas Transporter Day of Date 2		
lemarks:	••••••	***************************************	Gas Transporter Peecs Petroleu	m, Company	
·····	AG 433	3 (R-14	5)		
I hereby	certify th	at the infor	nation given above is true and complete to	a the best of my brouded.	
			-	•	-
• • • • • • • • • • • • • • • • • • • •			, 19		
OII	CONSE	RVATION (COMMISSION By:	(Signature)	<u> </u>
y:	1.46		Title Pro	duction Clerk	
itle	<u> </u>		Sen	d Communications regard	ding well to:
	•••••••••••••••••••	•••••••••••••••••	NameH1	ll & Mesker	

Address. 519 Midland Savings & Loan Bldg.