## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe., New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

		-	•	·	Hobbs, No	ere Mext.co	10-5-5	(Date)
WE ARE I	HEREBY F	REQUESTI	NG AN ALLO	OWABLE FO	R A WELL KI	NOWN AS:		(Date)
			J. P.			<b>2</b> ,	in <b>SW</b>	¼
G	(Company or O		т23-5	(Lease) , R <b>36-E</b>		Lan	glie <b>Matti</b>	EPool
		Lea	County. Da	ite Spudded	7-31-59	Date Drillin	g Completed	8-11-59
Plea	se indicate	location:	Elevation	33491	Tota	1 Depth 3640	FBTD_	3636!
D	C B	A	PRODUCING IN	TERVAL -				
			Perforations	3522-2h1	3595-971,	3610-12', & 3550-52', 3'	3622 <b>-24'.</b>	₹ <b>78</b> _801
E	F G	H	Open Hole		Dept Casi	h ng Shoe	Depth Tubing	35901
			OIL WELL TES	<u>-</u>				
L			Natural Prod	. Test:	bbls.oil,	bbls water	inhrs,	Choke min. Size
M	N O	P				er recovery of vo		Choke
.	.   `				obls.oil, <u>69</u>	bbls water in	<u> 24</u> hrs,	min. Size 24/6
30801	1914 A 1917		GAS WELL TES	-				
	PHEEL					'Day; Hours flowed		
Tubing Casing and Cementing Record					tc.):			
	1		Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing:					
8-5/8*	397'	325	Choke Size_	Method	of Testing:			
4-1/2"	36401	400	Acid or Frac	ture Treatment	(Give amounts of	f materials used,	such as acid,	water, oil, and
2-3/8"	35901		sand): 20.0 Casing 270 Press.	Tubing Press	Date first	Adomite & t new o tanks Octo	2# SPG. ber 1, 195	<u> </u>
	<u> </u>							
		1	Gas Transpor	ter				
Remarks:			*********	•••••	<b></b>			
				••••••				
<b>T</b> L1					and complete to	n the best of my l	mowledge	***************************************
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OI	L CONSE	RVATION	COMMISSIO	ÓN /	Ву:	X/LI \	CLSSEC ature)	
4. [	7,, 9	1616	Jan 1	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Title	Area Produ		
. ریموری Cialo	,		* -		Sen	d Communication	ns regarding w	veil to:
itle		·····	***************************************	*	Name	Gulf Oil C	orpore ti on	
					Address	Box 2167,	Hobbs, N.	M