## NEW .EXICO OIL CONSERVATION COMN 310N 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			(Place) (Date)	
WE ARE	HEREBY	REQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	
	Dack,	John J.	Bedfern, Jr, Well No. 1, in NW. 1/4. NW.	1⁄4,
D	, Se	<b>8</b>	T. 233 R. 37E NMPM., Langlie Mattix P.	ool
L	<b>.</b>	• • • • • • • • • • • • • • • • • • • •		
Plea	se indicate	location:	ElevationTotal DepthPBTD	
D	C B	A	Top Oil/Gas Pay 37001 Name of Prod. Form. Panrose Sand	
x		-	PRODUCING INTERVAL -	
E	FG	H	Perforations 3594' to 3725'	
		. п	Open Hole None Depth Depth Depth Tubing 3710*	
	K J	I	OIL WELL TEST -	
			Cho Natural Prod. Test: <u>27</u> _bbls.oil, <u>2</u> _bbls water in <u>24</u> hrs,min. Size	*e_24/6
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume	of
M	NO	Р	Choke load oil used): 78 bbls.oil, <u>k</u> bls water in 24 hrs, min. Size	8/64
			GAS WELL TEST -	
Tubing ,Ca	sing and Ce	menting Reco		
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed	
8 5/8	364	250	Choke Size Method of Testing:	*
0 3/0	504	230		
5 1/2	3735	1000	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, ar	nd
	1		sand): <b>5000 Gals. Crude 5000# Sand</b> Casing Tubing Date first new	
			Press. Press. 1200 oil run to tanks 8-23-57	
			Gil Transporter Permisen Oil Company	
			Gas Transporter None	
Remarks:	011.to.t	e.hauled.	by Permian Oil Company Trucks	••
		•••••		
		••••••		
I here	by certify (	that the info	ormation given above is true and complete to the best of my knowledge.	
Approved			, 19	••••
			the second	
0	IL CONSE	RVATION	V COMMISSION By:	
P	4	N	isher Title Armit	
<b>Dy:</b>			Send Communications regarding well to:	
Title	· ••••		Name.W. H. Black	
			Address P. Q. Box 174 Midland, Texas	