**\*XICO OIL CONSERVATION COMM** ION NEW 1 Santa Fe, New Mexico

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

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## **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.

			•	Dellas, Texas April 7, 1959
				(Place) (Date)
E ARE	E HER	EBY RI	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
(	Compan N	iy or Ope Sec.	15	(Lease) T. <b>235</b> , R. <b>37E</b> , NMPM., <b>Lenglie-Mattix</b> Po
Unit	Letter	, ecci		
	Lea	·		County. Date Spudded 2/27/59 Date Drilling Completed 3/11/59 Elevation 3900 Total Depth 3737 PBTD 3721
P	lease in	dicate le	ocation:	Top Oil/Gas PayName of Prod. Form. Penrose Send
D	C	B	A	
				PRODUCING INTERVAL -
E	F	G	H	Perforations 3574-3586'; 3592-3598' Depth Depth
				Depth Depth Open HoleCasing ShoeTubing
L	K	J	I	OIL WELL TEST - Chok
"	А			Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of o
M	N	0	P	load oil used): 79.5 bbls.oil, 0 bbls water in 24 hrs, 0 min. Size
	<b>X</b>			GAS WELL TEST -
330	t fr i	s & 1(	50* fr	Natural Prod. Test:MCF/Day; Hours flowedChoke Size
ubing	Casing	and Ceme	nting Reco	
		Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
	100	0001	176	Chains Nothed of Terting
8-5		2931	175 ax	
5-1	/24 3	721'	225 ex	
2-3	/00			sand): 238 BD 10,0000 Bend Casing Casing Tubing Date first new Press. 6254 Press. 3254 oil run to tanks April 1, 1959
	<b>/</b> 0			
				Gil Transporter Mexico Pet. Corp.
<del></del>				Gas TransporterNone
emarks	\$:			
				les unless to the best of my knowledge
				formation given above is true and complete to the best of my knowledge.
pprove	ed		••••••	(Company or Operator)
	011 (	- Nié Fi		N COMMISSION By: Helen Similar (Signature)
		JON 3E		N COMMASSION Helen Smith (Signature)
1	<u>A</u>	1,4	162	Title Agent
<u>E</u>		10.7		Send Communications regarding well to:
itle				Name
			<i>·</i>	Dellas, Texas Address
				AUUI C33