NEV MEXICO OIL CONSERVATION COM' SSION

Santa Fe, New Mexico

REQUEST FOR (OIL) - (CAS) ALLOWABLE

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 sont. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calcular 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.

			Midland, Texas 10-28-57 (Place)
			NG AN ALLOWABLE FOR A WELL KNOWN AS:
(Ca G	ompany or Oj Sec	perator) 16	tate of New Mexico BZ, Well No. 4 in SW 1/4, NE 1/4, (Lease) T 23-S, R 37-E , NMPM, Langlie-Mattix Pool
Unit L	peter		County. Date Spudded10-10-57 Date Drilling Completed 10-22-57
Please indicate location:			Elevation 33171(DF) Total Depth 3650 PBTD 3645
D	СВ	T A	Top Oil/ Pay 3526 Name of Prod. Form. Queen
		-	PRODUCING INTERVAL -
E	F G	H	Perforations 3526-3548 3560-3578 Depth Depth Depth
	x		Open Hole — Casing Shoe 3650 Tubing 3525!
L	K J	I	OIL WELL TEST - Choke 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
M	и о	P	load oil used): 93 bbls.oil,bbls water in 8 hrs,min. Size 20/64
			GAS WELL TEST -
-			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
Tubing ,Ca Sire	sing and Cem Feet	enting Reco Sax	
		<u> </u>	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed.
8 5/8	1070	800	Choke Size Method of Testing:
4 1/2	3640	400	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 500 gals MA-Fraced W/10,000 gals oil. 10.000# Sand Casing Press. 450 Date first new oil run to tanks 10-28-57
	 	-	Oil Transporter Texas-New Mexico Pipe Line Co.
			Gas Transporter El Paso Natural Gas Co.
Remarks:	GOR-14	82	
	······		
			ormation given above is true and complete to the best of my knowledge. The Texas Company
Approved	••••••	••••••	(Company or Operator)
0	IL CONSE	RVATION	COMMISSION By:
			(Signature) Title Asst. Dist. Supt.
By:			Send Communications regarding well to:
Title	£		Name T.P. Drew
			↑ 100,000

Address...Box 1270, Midland, Texas