NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-10s) 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.

) Inc.	st. N.M.		, Well No	9	, in	/4
(Company or Operator)			(Lease)					
	A Letter	, Sec l	0	S , R 37E	, NMPM.,]	langlie-Ma	ttix	Poo
	Les		County	v. Date Spudded	5-8-59	Date Drilli	ng Completed	5-18-59
		dicate locati	Flourtio	on 3291 GL				
			Top Oil/	Gen Pay_34981	Name o:	f Prod. Form	Queens	
D	C		A	NG INTERVAL -				• • • • • •
			X Perforat	NG INTERVAL - 3498			570 3581	te 35921,
E	F	G	H I	le	Depth	Shoe	Depth 7031 Tuking	3509.
			1			unde	ucing_	
L	K	J	I OIL WELL					Choke
			Natural	Prod. Test:	bbls.oil,	bbls wate	r inhrs,	min. Size
				ter Acid or Fracture	Treatment (after	recovery of v	clume of oil equ	ual to volume of
M	N	0	P load oil	1 used):bb	ls.oil, <u>0</u>	bbls water in		min. Size_16/
			GAS WELL	L TEST -				•
		J		Prod. Test:		. Never flour	chalter	<u>(;</u>
	Contan	and Compatin						512e
tubing Casing and Comenting Reco Sure Feet Sax			s	of Testing (pitot, b				
			Test Aft	ter Acid or Fracture			_MCF/Day; Hours	flowed
		1	Choke Si	izeMethod	of Testing:			
	8# 1	0851 6	550					
9 5/8				Fracture Treatment	(Give amounts of m	aterials used	, such as acid,	water, oil, and
9 5/0 4 1/2			Acid or	Fracture Treatment	(Give amounts of m	naterials used	, such as acid,	water, oil, and
9 5/0 4 1/2	211 3		850 Acid or sand):	see remarks				
9 5/0 4 1/2	211 3		850 Acid or sand):	see remarks				
9 5/8	211 3	6931 8	Acid or sand): Casing Press.2	see remarks	Date first r	new anksM		

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved, 19	(Company or Operator)
OIL CONSERVATION COMMISSION	By:
By:	Title. Assistant District Supt. Send Communications regarding well to:
Title	NameJ.G. Blevins, Jr.
*	Address PO Box 352 Midland, Texas