NEW XICO OIL CONSERVATION COMM. ON

Santa Fe, New Mexico

REQUEST FOR (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 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.

		•	Artesia, New Maxice June 21, 1957
ME ADE	UFDERV	DEOUEST	(Place) (Date)
			TING AN ALLOWABLE FOR A WELL KNOWN AS: Steeler "A", Well No
()	company or C	Jperator)	
L	Se	<u></u>	T. 235 R. 378 NMPM., Jalmat Po
			County. Date Spudded 8-20-56 Date Drilling Completed 9-5-56 Elevation 3320 Total Depth 3668 PBTD
Ple	ase indicate	location:	Top Oil/Gas Pay 3000 Name of Prod. Form. Tetes
D	СВ) A	
			PRODUCING INTERVAL -
E	F G	Н	Perforations 3000-04, 3008-10, 3018-28, 3078-82, 3094-97
-	- -		Open HoleCasing ShoeTubing
			OIL WELL TEST -
L	K J	I	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	N O	P	load oil used):bbls.oil,bbls water inhrs,min. Size
			GAS WELL TEST -
			Natural Prod. Test: NO TestMCF/Day; Hours flowedChoke Size
Tubing ,Co	asing and Cer	menting Reco	ord Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment: 4,200 MCF/Day; Hours flowed
10 3/4	260	200	Choke Size Method of Testing: Multi Foint B.P. Test
7	3668	400	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
	1		Sand): 10,000 gals. lease oil and 20,000 lbs. sand Casing Tubing Date first new
[PressPressoil run to tanks
			Cil Transporter
			Gas Transporter El Paso Natural Gas Company
Remarks:.			
•••••••••••••••••			IUAL CORPLETION
I here	by certify t	hat the info	formation given above is true and complete to the best of my knowledge.
Approved.			
xpproved			RESER & MILLBON (Company/of Operator)
~	II. CONCE	VATION	N COMMISSION By: Delas Hear
U		\neg	(Signature)
Bv:	26	1-1A	Title PARTNER
- ,	/	a a a fa a ta a a fa fa a da a fa a fa a	Send Communications regarding well to:
[itle			Name Resler & Sheldon
			302 Carper Bldg., Artesia, H.M. Address

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

New Well