NEW MEXICO OIL CONSERVATION COMMISSION 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.

11111/2 4010		-	·	Hobbs, New M	exico Ja	muary 15, 1	(Date)
F ARF HE	REBY RE	EOUESTI	NG AN ALLOWABLE	FOR A WELL KNO	OWN AS:		
. Consta	ntin. J	r. La M	lunyon Federal	Well No	2 in	NE 1/4	NE 1/4,
(Company or Operator) A 29			(L , T. 23 , R 3	esse) <mark>7</mark> , NMPM.,	Langlie-Ma	ttix	Pool
			County. Date Spudd				
Please	Please indicate location:		Elevation 3318-7	Total Name o	of Prod. Form. Penrose		
D C	В	A X	PRODUCING INTERVAL -				
			Perforations 3526-	-38; 3546-66			
EF	G	H	Open Hole	-38; 3546-66 Depth Casing	Shoe	Depth Tubing 35	95
L K	J	$\frac{1}{r}$	OIL WELL TEST -				Choke
~ "				bbls.oil,			
		 p 	Test After Acid or Fr	acture Treatment (after	r recovery of volu	ume of oil equal	to volume of Choke
M	0			bbls, oil, 0	_bbls water in _	hrs, U	nin. Size ZZ/O #
			GAS WELL TEST -				
				MCF/Da			ze
cubing ,Casi		_		itot, back pressure, etc			
Size	Feet	SAX		racture Treatment:			
8-5/8	3201	175	Choke SizeA	Wethod of Testing:			
4-1/2	36351	1960	Acid or Fracture Trea	tment (Give amounts of	materials used, s	such as acid, wa	ter, oil, and
2" the	, set at	3595*	Casing Tubi	ing 350# Date first oil run to	new tanks 1/15/5	58	
			Oil Transporter Te	xas New Mexico P	ipe Line		
			Gas Transporter No				
emarks.						•••••	
CITIES RD	•••••			************************			
			••••••	•		••••••	
I hereby	y certify th	nat the infe	ormation given above is	s true and complete to	the best of my ki	nowledge.	
			, 19		tentin, Jr. (Company or		
				_ //,	6 Buss	1	
OII	L CONSE	RVATION	1 COMMISSION	Ву:	(Signa	ture)	
	1/ 1	7.	1 20/10/	Title Product	ion Manager	••••••••••••••• •••• •	
y:				Send	Communication	s regarding we	ll to:
Γitle	<i>!</i>		********************************	2807 M	Greantile Ba	ink Bldg. D	allas, l. T
				Name	***************************************		