XICO OIL CONSERVATION COMMI
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

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T ADE I	teneny t	DEOLIECT:	INC AN ALLOWAR	(Pla	•	AC.		(Date)
			ING AN ALLOWAE Company H.Loom					II ,
(Co	mpany or O	perator)		(Lease)				
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Lea			Causer Date San	udded Aug. 24,	1960 pata	Ded 114 nor Con	mata Sept	.13, 1960
		1	Elevation 3	28 2	. Total Depth	3716	PBTD	25
Pleas	e indicate	location:	Top Oil/Gas Pav	3472	Name of Prod.	Form. Ques	n (Penre	900)
D	СВ	x ^A						
	*		PRODUCING INTERVAL	3472 -3 572				
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l			1	·	Casing Shoe		Tubing	
L	K J	 I	OIL WELL TEST -					Choke
_		-	Natural Prod. Test	t:bbls.oi	.1,bb	ols water in _	hrs,	min. Size_
	W 0		1	r Fracture Treatmen				Ch - L -
M	N O	P	load oil used):	bbls,oil, _	bbls w	ater in 24	hrs, 0	min. Size
			GAS WELL TEST -					
			Natural Prod. Test	t:	MCF/Day; Hour	s flowed	Choke S	ize
ubing ,Cas	ing and Cer	menting Reco	_	(pitot, back press				
Size	Feet	Sax		r Fracture Treatmer			Dav: Hours f	lowed
8-5/8	306'	250	1	Method of Testir				
0-3/0	300	230						
4-1/2	3699'	425		reatment (Give amo				ater, oil, and
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emarks:		- 041 Pa			a			
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I hereb	y certify t	hat the inf	ormation given above					
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				Name				
				Address	POT 16	59, Kidla	- Ier	7

NEW MEXICO OIL CONSERVATION COMMISSION Form C-110 SANTA FE, NEW MEXICO

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Unit Letter A S 32 T 23-R R 37-8 Pool Lenglic Mattix Lea Kind of Lease (State, Fed. or Patented) State Well produces oil or condensate, give location of tanks; Unit B S32 T 23 R 27 thorized Transporter of Oil or Condensate Give address to which approved copy of this form is to be sent) thorized Transporter of Gas El Paso, Texas (Give address to which approved copy of this form is to be sent) Gas is not being sold, give reasons and also explain its present disposition: Lassons for Filing; (Please check proper box) Lange in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate () Lange in Ownership () Other () Lange in Ownership () Lange in Own						ling Com					
thorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line Company dress New 1510 - Midland, Texas [Give address to which approved copy of this form is to be sent) thorized Transporter of Gas El Paso Netural Ges Company dress Bar Paso, Texas Date Connected Sept. 19, (Give address to which approved copy of this form is to be sent) Gas is not being sold, give reasons and also explain its present disposition: (Give address to which approved copy of this form is to be sent) Gas is not being sold, give reasons and also explain its present disposition: (Give address to which approved copy of this form is to be sent) Gas is not being sold, give reasons and also explain its present disposition: (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved pase of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved pase of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to which approved copy of this form is to be sent) (Give address to	ell No	5	Unit Lett	er_A	5 32	T 23-R	R 37-8	Pool	Langlie	Matt	ix
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