HUMBER OF COP _B RECEIVED GISTRICUTION BANTA FF FILE U.S.G.3 LAND OFFICE TRANSPORTER GA3 PRORATION OFFICE OPERATOR

NFW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

		New Weit
		Recompletion
1	î **	***

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil of Gaswell. 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. Can must be reported on 15.025 psia at 60° Fahrenheit.

ed inte	into the stock tanks. Gut mus		Hobbs, New Hardeo (Place)			Febra	February 4, 1963		
ARE	E HERI	EBY RE	QUESTI	NG AN ALLOW	ABLE FOR A	WELL KNOW	NN AS:	A.F	40
Ame	rican	Petrol	eura Cor	poration US/	A H. V. Pike	, Well No	, i	n NE	1/4NE 1/4
	A	, Sec	6.	, T235,		NMPM., T	ibb - Cas		Poc
B1-46	Latter			County. Date					
		dicate lo		Elevation3	3671 RDS	Total De	pth	FBID	1002
D	С	В	A *	Top Gas Pay		Name of	Free. F orm	TUDE	
			ļ <u>.</u>	Perforations	61991-62	64 † Depth		Depth	
E	F	G	H	Open Hole		Depth Casing ସ	hoe 7038	Tubing_	5973 °
L	K	J	I	OIL WELL TEST -		bls.oil,	bbls water	in hrs.	Chok min. Size
						eatment (after r			
M	N	0	P	load oil used)	bbls,	oil,	bis water in _	hrs,	min. Size
		<u> </u>		GAS WELL TEST .	•				
330	FN X		98	_ Natural Prod. 1	Test:	MCF/Day;	Hours flowed	Choke	e Size
ibing ,	,Casing	and Cemer	nting Reco			pressure, etc.)			_
Size	·	Feet	Sax	-7		eatment:			
95/	/8" 1	298	575	Choke Size_3/	64 Method of	Testing: Ba	ck rressu	**	
7n		038	680	sand): 1000	gal acid;	ve amounts of ma	011 8/1.9	Sh/gal.	
	-	.072		Casing Fress. Pkr	Tubing Press. 15	Date first ne Ooil run to ta	w nks <u>a</u>		
211		973		Cil Transporte	r_ Texas	New Mexico	ipe Line	Co	
				Gas Transporte	mNorth	ern Natural	Gas Co.		
emark	s:		••	*********				*****	
									•••••••
Ιh	ereby c	ertify th	at the info	ormation given a	bove is true an	d complete to th	e best of my l	inowledge.	
prove	ed			ormation given a	, 19	Pan Americ	Or Compings L E STALE	g (Gperator) Y	
				COMMISSION		3y ;	(Sign	ature)	
r:() 22.	lig ,	<u>) - (</u>	Languete		TitleAren Send C	Supe rinter Communicatio	dent ns regarding	well to:
tle				*******************************		Name	Staley		
						Address Box 6	8, Hobbs,	New Head	x