NEW MI TOO OIL CONSERVATION COMMISS ON (Triple)

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be soi, litted by the operator before an initial allowable will be assigned to any completed Oil or Gar 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 deligered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			t be reported on 15.025 psia at 60° ranrenner.	Z
	nens er	CUESTIN	NC AN ALLOWARLE FOR A WELL KNOWN AS:	
ARE HI	KERA KI	oleum Cer	orporation USA H.V. Pike, Well No, in	/4,
Com	pany or Ope	518,505.) OT#(PHT: 200.)	(Lesse)	nol
A	, Sec.	6	., T23-8, R38-E, NMPM., Drinkard	
Unit Late	-		Date Drilling Completed 5-16-62	
			Hievation 1367 RDB	
Please	indicate l	ocation:	Top Oil/Cas Pay 67278 Name of Frod. Form. Drinkard	
D	B	A	PRODUCING INTERVAL -	
		*	The second secon	
E 1	G	H	Perforations Depth	
			!	
	KJ			oke ze
L	KJ		Natural Prod. Test: bbls.oil, bbls water in hrs, min. Si	of
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume Choke	
M	N O	P	load oil used):bbls.oil,btls water inhrs,min. Size	#
			GAS WELL TEST -	
			MCE/lime Hours Flawed Choke Size	
	_	menting Reco	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed	
Size	Feet	1	Choke Size Method of Testing:	
9 5/8#	1298	575		and
7 1/1			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil,	G 1.0
7 n	7038	680	sand): 5000 gal ISTNE Acid Bor 14,900 gal oil w/1# Sh/gal.	
2 3/8"	6852		Casing Tubing Date First tanks Press. Plen Press. oil run to tanks Gomp. 7-22-52	
2 3/6"	100/2		Oil Transporter Texas New Mexico Pipe Line Company	
	Ì		Towards Mana	
			oas Transporter_Mone Led w/Tubb (Middle Zone) & Blinebry (Upper Zone).	 بر د
Remarks:	Iriple	complete	the state of the s	
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		***********	nformation given above is true and complete to the best of my knowledge.	
I here	by certify	that the in	nformation given above is the and compression and an American Determination	
Approved.	<u> </u>		19 Pan American Petroleum Corporation	
c	L CONS	ervatio	ON COMMISSION By: (Signature)	
By:			TitleAreaSuperintendent regarding well to:	
	/			
or a				
Title		*************	Name	