NEW M CO OIL CONSERVATION COMMISS N Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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 filled-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.

ed into the stock tanks. Was must			Midland, Texas			8 -31-60 (Date)
	an cov D	ratireati	NG AN ALLOWABLE F	(Place) OR A WELL KN	IOWN AS:	(23)
E ARE HI	EKEBY K	eQCESII.	Technologic	•1 Well No.	, in	
(Com	idany of Op	erator)	(LEE	ζ,		
D.	, Sec	5	., T 23-8 , R 3 8	, NMPM.,	Blinebry	Pool
Tea	•		County, Date Spudded	4-21-60	Date Drilling Co	mpleted5_14_60
Please indicate location:			Elevation 3400	. Total	Depth 7052	PBTD
			Top Oil/Gas Pay 5731 Name of Frod. Form. Blinebry			
D C	; B	A	PRODUCING INTERVAL -			,
			Perforations 5731	901		
EF	F G	H	Open Hole	Dept:	ng Shoe 7052	Depth Tubing 5925
			OIL WELL TEST -		•	·
L F	KJ	I		bbls.oil.	bbls water in	Choke hrs, min Size
						e of oil equal to volume of
M 1	N C	P				Choke hrs, omin. Size
			_			,
			GAS WELL TEST -	107E /	D Univer flowed	Choke Size
•						
bing ,Casi Sur	ing and Gem Feet	enting Recor	rd Method of Testing (pito			
5126	 -	1				/Day; Hours flowed
13-3/8	319	350	Choke Size Met	THE RESERVE THE PROPERTY OF THE PERSON OF TH		
			Acid or Fracture Treatm	ent (Glve amounts o	f materials used, su	ch as acid, water, oil, and
9-5/ 8	297 8	2000 250 S	sand): 30,000 gal.	refined erud	c.&. 30,000∦ sa	nd
7	7052	60 Unit		_200foii run t	o tanks	0
		Hys-400				
			Gas Transporter None	A STATE OF THE PARTY OF THE PAR		
marks:	••••		hamme		70 1	44
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the same			
		1 1 1 1	1		11.1	. 1 1
I hereb	y certify t	hat the inf	ormation given above is	rue and complete t	o the best of thy left	owledge
pproved			<u> 1357) </u>		Prichard 011	CATTATELIAN
			and and	P.		alle
OI	K CONSE	RYPTION	COMMISSION	Dy	Signatu	rus)
		Ms.	Mr. M	Title nist r	ict Superinter	ndent
r. C. Kond	Laf. Co	7. 4		Ser	nd Communications	regarding well to:
itle	300 c		順, (計 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	 Name L I	. Foster	