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OPERATOR

NEW MEATOU OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-194) Pavised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

This form small 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 16 pt. 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 case of an oil well when new oil is delivered into the case of an oil well when new oil is delivered.

			THEACO I	on 15.025 psia a	(Place)	lidland,		Dogs	(Date)	196
				OWABLE FOR					. 150	.,
(Com	pany or Ope	rator)		Pederal. III. (Lease)						
	, Sec	15	., т 25-8	, R. .32-12	, NMPM.,	D	dealgrat	M		Pool
Unit Lette			County Da	ate Spudded1	9-12-60	Date	Drilling Co	mpleted]	2-18-60	
	indicate lo		Elevation	34450 (1	To	tal Depth_	477h1	PBTD_	47651	
				Pay 1707	_					
DC	В	A	PRODUCING IN	NTERVAL -						
			Perforations	. k707 - k	710°. 1721	- 1726	s, and h	729 - LT	150	
E F	G	H		None	_ Da	nth	-	Denth		
	X		OIL WELL TES							
L K	J	-		d. Test:	bble of	hi	nle water in	hre	min. S	hoke ize
				d. lest: Acid or Fracture						
M N	0	P							Choke	
. .		-		ed):bb	ols, 011,	DDIS \	water in	nrs, <u>6</u>	_min512e_	TX
		<u> </u>	GAS WELL TE	<u> = -</u>						
			_ Natural Pro	d. Test:	MC	F/Day; Hou	rs flowed	Choke	Size	
Bubing ,Casi		_		esting (pitot, 1						
Size	Feet	SAX	Test After	Acid or Fracture	e Treatment:		MCF_	/Day; Hours	flowed	
7-5/8*	3430	250	Choke Size_	Method	of Testing:					
	- 3'	974	to do Engl	cture Treatment	(Give amounts	of materia	als used, su	ch as acid,	water, oil,	and
m1/2"	74F.	150					22			
B-3/8*	4733*		sand): Casing	Tubing Press	Date fi	rst new	Premie	- 25 30	Sa.	
-310	4120		Press.	rter Press.	de Bot. 1	Doc. (To	nelm)			
			4	48	_					
-		h-1 /98	Gas Transpo	rter	et sheke t	mer ft l	7071 10	710'. K	21. 10	1726
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			7 F 12	above is true	and complete	e to the be	PETAGO D	Ancage.		
Approved			120041	, 19		1 4	company or	Operator)	/	
			(00) W 15661	ON	Bu: ///	12.19	tul	bas		
OII	LONSEI	CVATION	COMMISSI		D y		(Signatu	re)		
Mills			Just 11.		Title.		Materiot		endant	
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litle		<i></i>	- Transport		Name	W. D.	Hobbard			
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Marine The Language Committee Example