DISTRIBUTION							
BANTA FF							
FILE							
U.S.G.S.	·						
LAND OFFICE		·					
TRANSPORTER	OIL						
THANBORTER	GA8						
PRORATION OFFIC	:E						
OPERATOR							

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexici

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

REQUEST FOR (OIL) - HEAR) ALLOWABLE



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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				Midland, Tome	April 22, 1961
E ADE 1	UPDERV DI	OUTET	INC AN ATTOMARTE	(Place) FOR A WELL KNOWN AS:	(Date)
				Well No	-
{ C	ompany or Ope	rator)	(L	case }	
I Unit L	, Sec.	20	, T, R	Paduna.	Pool Pool
•			County Data Snudd	ed 4941 6 3968 Date Drilli	ne Completed Ameril 14. 196
	se indicate k		Elevation	Total Depth	PBTD
			Top Oil/ Pay	Name of Prod. Form.	Belarare Sand
D	СВ	•	PRODUCING INTERVAL -	▲	
			Perforations (ASP)	to hildo:) (hild: to hild?	(1)
E	FG	H	Open Hole	Depth Casing Shoe	Depth Tubing
			OIL WELL TEST -		
L	KJ	I			Choke
			· · · · · · · · · · · · · · · · · · ·	bbls.oil,bbls wate	
<u>M</u>	NO	P		acture Treatment (after recovery of v bbls.oil,bbls water in	
				DDIS.011,DDIS water in	hrs, min. Size
			GAS WELL TEST -		
(FOOTAGE)			MCF/Day; Hours flowe	
Size	ing and Come Feet	SAX	······································	tot, back pressure, etc.):	
	1 1			acture Treatment:	MCF/Day; Hours flowed
15/1	302.39	350	Choke SizeMe	ethod of Testing:	
h-1/2	1734.99	209	Acid or Fracture Treat sand):	ment (Give amounts of materials used	, such as acid, water, oil, and
2-3/	Man.as		Casing Tubir	Date first new oil run to tanks	1 18, 1961
				e Permian Corporation - No	
			Gas Transporter		
marks:				6	
			Podura	Kil Elle	••••
					••••
I herel	by certify the	t the info	ormation given above is	true and complete to the best of my	knowledge.
proved	,,		, 19	Texas Do.	p
•				(Company	or Operator)
Ø	IL CONSER	VATION	COMMISSION	BF. JAM JAM	ature)
14	1/1-	14	1.12	Acct to	D'al mari
K		fil.	<u> </u>	Title	ons regarding well to:
le		-		Name	
	ý			108 3109 H	dand, Denna
				Address	·····

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