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NEW M (ICO OIL CONSERVATION COMMIS)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 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.

						(Place)		*	····· AT W. J. WHATSHA	(Date)
			-	ING AN ALLOWA					n XV I	
	(Compai	ny or Oper	rator)		(Lease)					-
B		, Sec	21	, T. 25-S , P	32-E	, NMPM.,	U	ndesign	ated	Pool
Unit	Letter Let					12 9 60	. .			33 3 8 6 0
				County. Date Sp						
Please indicate location:		Top Oil/Gas Pay_						46991		
D	С	B	A	PRODUCING INTERV	<u>AL</u> -			. Form	-616 461.6	
		X		Perforations	46	081 - 462	201			
E	F	G	H	Open Hole	•	Der Cas	oth sing Shoe	4733	Depth Tubing	45341
L	K	J	I	<u>OIL WELL TEST</u> - Natural Prod. Te	_{sti} <u>69</u>	_bbls.oil, _	t	bls water	in <u>23</u> hrs,	Choke
M	N	0	P	Test After Acid					•	ual to volume of Choke
				GAS WELL TEST -				-		
			·····							
		· · · · ·			st:	MCI	F/Day; Hou	rs flowed	Choke	Size
			ting Recor	rd Method of Testin	g (pitot, ba	ck pressure,	etc.):			
Size		Feet	Sax	Test After Acid	or Fracture	Treatment:			MCF/Day; Hours	flowed
7 5/	0#	352	000	Choke Size	Method o	f Testing:				
1_2/	<u> </u>	-372	220	-						
4 1/	2"	4733	120	Acid or Fracture	Treatment ((ive amounts	of materi	ais used,	such as acid,	water, oil, and
				sand): Casing	Tubing	Date fir	st new			
2 3/	8"	4534		Press. Pkr.	Press.	joil run	to tanks_	leve	ther 21, 19	960
			سنست وروان الم	Oil Transporter_	Ca	tus Petr	oleum,	Ine.	-	
				Gas Transporter			•			
marke	. Va	shed wi	th 500	.gala. mud. aci						
				a Caracteria de la construcción de						
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_	arahar ca	ertify tha	t the info	ormation given abo	ve is true a	nd complete				
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prove	d	ONSER	VATION	COMMISSION		Ву:	NL	eng		A.W.Lang
prove	d	ONSER	VATION	COMMISSION	1	By:	NL	eng (Signa	eure)	A.W.Lang
prove	d	ONSER	VATION	COMMISSION	/ //				ture) on Superi	
prove	d	ONSER	va tío n <i>UN</i>	COMMISSION					on Superis	
prove	d	ONSER	VATION	COMMISSION		Se	end Comr	nunication		vell to:

Address Box 307, Hobbs, New Mexico.