NEW EXICO OIL CONSERVATION COM! 510N Santa Fe, New Mexico

(Form (1910))
Revised 7/1/57

REQUEST FOR (OIL) - XXXXXI) ALLOWABLE New Well N

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 white 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 duting Sandar 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	:)		ugust	(Date)	
Morri	LS R. A	ntweil	ING AN ALLOWABLI Federal	, Well	No1	, i n		/4. SW 1/	
N Unit L	Se	c. 24	т. 25S , _R ,	BOE NMPM	ı, Ja	lmat		Po	
Plea	se indicate	location	Elevation 3098	County. Date Spudded 5/15/59 Date Drilling Completed 6/11/59 Elevation 3098 Total Depth 3296 PBTD 3288					
			Top Oil/Gas Pay	322.	Name of Prod	Form	Astac	3205	
D	C B	A	PRODUCING INTERVAL -				<u> </u>		
			Perforations	3220		324	· · · · · · · · · · · · · · · · · · ·		
E	F G	Н	Open Hole		Depth			3245	
			OIL WELL TEST -		_asing Shoe	3270	Tubing	3243	
L	K J	I		13.5				Choke	
			Natural Prod. Test:	bbls.oil,	bb	ls water in _	hrs,	min. Size_	
	N O	P	Test After Acid or Fr	acture Treatment ((after recove:	ry of volume	of oil equ	al to volume of Choke	
X	•		load oil used): 96	DDIS, 011, LU	<u>k/</u> _bbls wa	ater in <u>24</u>	hrs,	min. Size Dun	
	- 		GAS WELL TEST - Natural Prod. Test:						
8-5/8 5-1/2		256 150	Test After Acid or Fr. Choke SizeMe	thod of Testing:					
J-1/2	3290	150	Acid or Fracture Treat	ment (Give amount)	s of material	s used, such	as acid, w	ater, oil, and	
2-1/2	3245		sand): 4000 &al Casing Press. 220 Tubin Press	g Date f	irst new	33,700	,000 g. ∦ sang	al crude	
			Oil Transporter Tow	oil ru	n to tanks	August	1, 19	59	
 -			Oil Transporter Tex	as-way piex	cec ripe	Tine Co	mpany		
marks:	••••••••	Reco	uest allewable	he offorti	Ve 96 0	£ Augus	4 1 10	7.0	
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I hereb	y certify th	at the infor	mation given above is	true and complete	e to the best	of my knowle	edøe.	***************************************	
			, 19		is R. A	i kewan			
				56		npany or Oper	rator)		
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				Name	TLLED N	. Alltwel	<u>. T</u>		

Address BOx 1058, Hobbs, New Mexico