NUMBER OF COP. B RECEIVED CISTABBUTION SANTA F! FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS PRONATION OFFICE OPERATOR

? "W MEXICO OIL CONSERVATIC ' COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well

This form shall be submitted by the operator before an initial allowable will be assigned to any completed for 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 recompletio. 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.

					Hobbs New Mexico			December: 21 _p 1962 (Date)		
		-	NG AN ALLO					eu	Wild	
				(Lease)		No	, in		/4	
(Company or Operator)			T 25-S R 37-E NMPM, North Justia Tubb Drinkerd Pool							
Unit Letter	, эес		, 1	., 1\ 3.1	, 171711 17	L.,		••••		1 001
		Lee	County. Date	e Spudded.	ov. 13,19	62 Date	Drilling Co	mpleted	Inc. 6	196
	i ndicate lo		Elevation 3			Total Depth				
D C	В	A.	PRODUCING INT	ERVAL - 610	0-6108', 5-6180'.	6124-6128 6192-6195	6205-	6134', 6209'.	6147-61 6214-62	521,
		 	Perforations							
E · F	G	H	Open Hole			Depth Casing Shoe(63001	Depth Tubing	(0931	
#4 Secti	05 2	ĺ				<u>-</u> -				
L K	J	Ī	OIL WELL TEST							Choke
						bb				
			Test After Ad	id or Fractu	re Treatment	(after recove:	ry of volum	e of oil e	equal to vo	lume of
M	0	P	load oil uses	110	obls,oil,	O Fbls w	ater in1	hrs, _	O min. Si	ze_ 14 /
			GAS MELL TEST							·
Sure	Feet Set At A50	_	Test After Ad Choke Size	tid or Fractu Netho	re Treatment:	re, etc.):	MCF	∕Day; Hou		
8-5/8"	3493	2195				id, Isoob				nd.
5-1/2"	6300	555				first new run to tanks			962	
2-1/16"	60931	****	Gas Transport			o Pipelin	e Compan	y		
			of oil in l	4 hours t	hrough 1	L/64" chek				
I hereby approved	certify th	at the inf	ormation given	200ve is tru	e and compi	Skelly 01	1. Compare ompany or C	y		• • • • • • • • • • • • • • • • • • • •
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¥÷						Send Comm	nunications	regarding	g well to:	
Citle .			******		Name	Skelly Of	1 Compar			