## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

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operator before an initial allowable will be assigned to any completed Oil or Gas well.

ORUPLICATE to the same District Office to which Form C-101 was sent. The allowon date of completion or recompletion, provided this form is filed during calendar. The completion date shall be that date in the case of an oil well when new oil is delivered on 15.025 psia at 60° Fahrenheit.

		G	RL	eported on 15.025	psia at 60° Fahrenheit.  Kermit, Texas	
E AR	E HER	EBY RE	OUESTI	NG AN ALLOWABLE	(Place) FOR A WELL KNOWN AS:	(Date)
				720 - Cy 21 February	stor Well No. 5	in NW 1/4 SE 1/
	(Compar	ıy or Ope	rator)	(Le	ase) / , NMPM.Justis-Blin	
id Und	Letter	, Sec	#	., 1629, K.324		-
.Le	<b>a</b>		·····	County. Date Spudde		completed EXECUTER 12-31-59
F	Please in	dicate lo	cation:		Total Depth 8300	
D	D C		A		Name of Prod. Form.	DETHEOLY
				PRODUCING INTERVAL -		•
E	F	G	H	Perforations 528	Depth	Depth
				Open Hole	Casing Shoe	Depth Tubing <b>5270</b>
L	K	J	I	OIL WELL TEST -		Choke
_		*		Natural Prod. Test:	bbls.oil,bbls water	in hrs, min. Size
M	N	0	P	Test After Acid or Fra	cture Treatment (after recovery of vo	lume of oil equal to volume o
М	I	"	F	load oil used): 168	bbls.oil, bbls water in	24 hrs, min. Size
		<u> </u>		GAS WELL TEST -		
650	PSL	& 19	661 FE	Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
	•		ting Recor	<b>d</b> Method of Testing (pit	ot, back pressure, etc.):	·
Size		Feet	Sax	Test After Acid or Fra	cture Treatment:	MCF/Day; Hours flowed
3-3	100	4071	400	Choke SizeMe	thod of Testing:	<del></del>
رحر	/67	****	400	Acid or Fracture Treats	ment (Give amounts of materials used,	such as acid, water, oil, and
9-5	/84 3	4381	2350	1		
	1.			Casing Tubing	s ref oil w/1/40# Ader 6000# oil run to tanks Janua:	me i 1060
7 H		2481	1000	7	s-New Mexico Pipeline	
2-3	/81 5	2701		i 6	Pago Natural Gas Co	
mark	· s:					
		BI	e gal	11/11/1/	I may get start a	TINIU, L
			52.20	n philipped h	11 / Bulked	a printer as
Ιh	ereby ce	rtify tha	t the info	rmation given above is	true and complete to the best of my i	nowledge.
prove	:d			<b>, 19</b>	Gulf Oil Corporat	ion
					(Company o	r Operator)
	OILC	ÓNSER'	VATION	COMMISSION	By: (Signal	ature)
	///	·	900	ani da di sa	Title Ames Managem	
٠	······································		<u>,</u>	<u>taan da ka ka aya fa Sarii aa a</u>	Title Area Manager Send Communication	ns regarding well to:
:le		······	<i>J</i>	· · · · · · · · · · · · · · · · · · ·	Name Gulf Oil Cor	poration
					AddressBox 766, Ken	LL, icxas