NEW .. EXICO OIL CONSERVATION COMM_ SION Santa Fe, New Mexico

REQUEST FOR (OIL) - (CKD) 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 confighting 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.

				Midlend, Tem	MQ	July	11, 1962
				(Place)			(Date)
		•		FOR A WELL KNOW			
				(Ly, Well No			
	Sec		T 25-4 R	анс) 7-18, NMPM.,	115 Initia Drinka	rd	Pool
Unit Late							
.	•••••••••			d			
Please	indicate	location:		Total Dep			
D C	ЗВ	A		Name of P	rod. Form. T		
	x		PRODUCING INTERVAL -				
EF		H	Perforations 50	6-5862 w/2 JEPT Depth		Depth	
			Open Hole	Depth Casing Sh	oe5916	Tubing	5868
<u> </u>		+	OIL WELL TEST -				
		I	Natural Prod. Test:	bbls.oil,	bbls water in	hrs,	Choke min. Size
		7	Test After Acid or Fra	acture Treatment (after re	covery of volum	e of oil equ	al to volume of
X N	0	Р	load oil used): 🕊	bbls.oil, <u>Ma</u> bb	ls water in _ 💁	<u>6</u> hrs, <u>A</u>	Choke min. Size 144
			GAS WELL TEST -		-		
↓		المحمد مستطب				e 1	
				MCF/Day;			
Sire	ng and Gem Feet	enting Record Sax		tot, back pressure, etc.):			
		·	Test After Acid or Fra	acture Treatment:	MCF	/Day; Hours	flowed
10 3/4	905	610	Choke SizeMe	ethod of Testing:			
			Acid or Fracture Treat	ment (Give amounts of mat	erials used, su	ch as acid,	water, oil, and
7 5/8	5903	1760	sand): Acidized V	/2000 gal Devall	Di-18 acid	ar . 4k . 37	1 8 2200 mai
	6468 ·	,	Casing Tubin		,		-
2 3/8	3360			ant -New Mexico Pin			
				potistions underw			
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		NC-1 200	Uni	ow Zone Ju	1stis Bi	ine	
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		RVATION 4	COMMISSION	By: 1 hue	Nood	ward	/
				-,	· (Signatu	re)	
				TitleOffice	Manager		11
\swarrow	CZ			Send Co	ommunications	regarding w	ell to:
le				Name	A. NaturalG	eeCompe	ay

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