REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Weli Recompletion

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.

					Hobbs, New Ne z	d co	Jaly 10, 1938		
					(Place)			(Date)	
ARE	HEREBY R	EQUESTI	ING AN ALL	OWABLE FO	R A WELL KNO	WN AS:	i, that	ew	
Ligura	ter Oil C	oupus y	A. I	, coates "C		, in	······	.!/4	!/4
(C	ompany or O	erator)	_ 25 8	D37E	, NMPM.,	Justis !	Punce Inc.	L	D
ven L	, 500								ro o
	Lea		County. I	ate Spudded	-8-58	Date Drilling	Completed	7-9-55	
Plea	se indicate		Elevation	3941 K	Total De	epth_//L3/	PBTD	7430	
T a	C B	A	Top Oil/Ga	5-Pay 6644	Name of	Prod. Form.	Latter		
ا "		1 ^	PRODUCING	INTERVAL -					
			Perforation	ns 6930-	4975				
E	F G	H	Open Hole	None	Depth Casing S	Shoe	Depth Tubing	7016	
				SI - Xot					
L	K J	I	i ———		bbls.oil,	bbls water i	ח הדב	min.	Choke Size
					e Treatment (after)				
M	N O	P			bls.oil, No				
			ł		619,011,	obis water in	nrs,	min. 512e	
			GAS WELL TI						
 –			Natural Pro	od. Test:	MCF/Day	; Hours flowed _	Chok	e Size	-
bing ,Ca	sing and Gem	enting Reco	wethod of	Testing (pitot,	back pressure, etc.)):			
Size	Feet	Sax	Test After	Acid or Fractur	e Treatment:	MC	F/Day; Hour	s flowed	
I-3/8	543	550	Choke Size	Method	of Testing:				
	2240	1200	-	Total	(Give amounts of ma	tarials used. s	uch as acid	water, oil	and
)-5/B	3348	1300			al. mud acid				
7"	7136	850	Casing	Tubing	Date first ne	7-15-58			
		<u> </u>	Press.	Press	oil run to ta	Pine Line	Ca.	·	-
1-3/8	9016	1	Oil Transpo	orter	Rastlew Mexico	Gen Co.			
		1 4	Gas Transpo	orter	Pase Natural Pusselman oil	/oil dual			
marks:	1218 Wel	1 13 60	bre rec sa	A DE ABORES		A. A.	نېند سىر	·····	•• · · • • • •
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I here	by certify the	hat the inf	ormation give	n above is true	and complete to th	ie best of my kn Tidewatez O	owledge.	. T	
proved				, 19	•••••	(Company or			
					. X. D 1	(<u> </u>	()	
0	IL CONSE	RVATION	I COMMISS	ION	By	(Signar	ure)		
			1.11	_	Tiele	Azea Supt			
	-77				Send C	Communications	regarding	well to:	
tle		····				H. P. Shack			
					Dem	547 Hot	be, Kenk	exico	
					Address				