NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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.

			Hol.s,ew.Mexico(Place)		6/2/59 (Date)	
E ARE H	EREBY R	EQUESTI	NG AN ALLOWABLE F	, ,	N AS:	(22)
		-	A. B. Coates "D" (Less			×5
(Co	npany or O	crator)	(Lea	e)	urnesireni.N	iriz
N	, Sec ter	2	4. T238 R37 <u>E</u> .	, NMPM., ப	stis bituebe	Pool
			County. Date Spudded.			
		location:		. Total Dept	h_ 8260	PBTD
				Name of Pr	od. Form.	Justia Blinebry
D	СВ	A	PRODUCING INTERVAL -			•
			Perforations 5300 (13)	1. 5338-40° 538%	-52' <u>. 5355-6</u>	4' 53.32-86' 5446
E	F G	H	Open Hole	Depth Casing Sho	e	Depth Tubing
	l		OIL WELL TEST -			-
L	KJ	I		bhls ail-	bbls water in	Choke hrs, min. Size
						of oil equal to volume of
M	N O	P				Choke hrs, min. Size 12/6
			- 007		s water in 24	115, 1 1111. Size 1276
	l	<u></u>	GAS WELL TEST -			
	-	R37E		•		Choke Size
- ,		enting Recor				
Size	Feet	SAX -	1			y; Hours flowed
2_1/R	530	550	Choke Size Meth	od of Testing:		
, , , , , , , , , , , , , , , , , , , 		1100	Acid or Fracture Treatme	nt (Give amounts of mate	rials used, such	as acid, water, oil, and
-5/8	3309		sand): Acidized w/	500 gal. and cid	. Fraced w/	20,000 gale lease
7"	8243		sand): Acidized w/ 500 gal. and cid. Fraced w/ 20,000 gal. lease Casing Crude x 1800 gal. sandte wirt/100 adoute/gal. Press			
<u>•</u>	3545	1	-1	as-Mew Yexico bip		
2-3/8	5440		1	Vago Natural Sag	-	•
marks:		- 4	ells—Trispervains	**		
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I hereb			ormation given above is tr	ue and complete to the b	est of my knowl	edge.
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proved			7-7-	Origina	A YOUR DONNERS IN	rator)
OI	L CONSE	RVATION	COMMISSION	By: H.P.S	HACKELFORD	
-					(Signature)	
	111	I M	J/Messe	. Title	Areasupt. nmunications reg	rarding well to:
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ile		/		Name	Shackelford	
				Address Box 54	7 Ho s	No ko

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