## NEW XICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

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

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.

Please indicate location:    County, Date Spudded					Midland, Texas	11-27-61
Company or Operators   24   25-8   37-8   NMPM,   Destic Blinebry   Po	VE ARE I	IEREBY	REQUEST	ING AN ALLOWABLE F	OR A WELL KNOWN AS	
County. Date Spudded 3-22-58	Western	: Retura	il Cas Cos	mmany Winharla	m E	<b>1911</b> 5.000
Please indicate location:    County Date Spudded   3-22-58   Date Brilling Completed   5-23-58	(Co	mpany or C	Operator)	Same (Leas	e)	, in
Please indicate location:    County Date Spudded   3-22-58   Date Brilling Completed   5-23-58	Unit Lo	Sc Her	·c	T, R. 37	NMPM., Justic	Blinebry
Please indicate location:    C	Les			,		
Top Oil/GEERS 5391 Name of Prod. Form. Blimsbry PRODUCING INTERVAL -  PROCUCING INTERVAL -  Perforations 3391-3403, \$417-5423, \$439-5444, \$477-5483  Depth Depth Depth Casing Snos Tubing 5441  I. K. J. I. Natural Prod. Test: bbls.oil, bbls.water in hrs, min. Size  II. Natural Prod. Test: bbls.oil, bbls.water in hrs, min. Size  II. Natural Prod. Test: bbls.oil, bbls.water in hrs, min. Size  III. Natural Prod. Test: bbls.oil, look bbls.water in hrs, min. Size  Gas. Well TEST -  Natural Prod. Test: WCF/Day; Hours flowed Choke Size  Natiral Prod. Test: WCF/Day; Hours flowed Choke Size  Natiral Prod. Test: WCF/Day; Hours flowed Choke Size  Natiral Prod. Test: WCF/Day; Hours flowed Choke Size  Natural Prod. Test: WCF/Day; Hours flowed Choke Size  Natiral Prod. Test: WCF/Day; Hours flowed Choke Size				Elevation 3077.6 G.	Lie Total Danib 21	
E F Q H  Depth Depth Depth Tubing 3441  L K J I  Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke 2 min. Size  GAS WELL TEST  Hatural Prod. Test: bbls.oil, Ne bbls water in 24 hrs, min. Size  GAS WELL TEST  Hatural Prod. Test: MCF/Day; Hours flowed Choke 2 min. Size  Size Feet Sax  13 3/8 532 350  Choke Size Method of Testing: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.):  13 3/8 532 350  Acid or Fracture Treatment: Give amounts of materials used, such as acid, water, oil, and cand): 19,000 gal oil 6 47,0000 sand and 1000 gal Dewell acid  Casing Tubing 1230 Date first new Press. Press: Dil Transporter Testing Material Gas Company  Gas Transporter Testing Material Gas Company  Gas Transporter Testing Material Gas Company  I hereby certify that the information given above is true and complete to the best of my knowledge.  1 hereby certify that the information given above is true and complete to the best of my knowledge.  1 hereby certify that the information given above is true and complete to the best of my knowledge.  1 hereby certify that the information given above is true and complete to the best of my knowledge.  1 hereby certify that the information given above is true and complete to the best of my knowledge.  1 hereby certify that the information given above is true and complete to the best of my knowledge.  1 hereby certify that the information given above is true and complete to the best of my knowledge.  1 hereby certify that the information given above is true and complete to the best of my knowledge.  1 hereby certify that the information given above is true and complete to the best of my knowledge.  2 office Records and Company of Operator)  3 office Records and Company of Operator of Company of Opera	r ica:	muicate	location:			
E F G H  Open Hole  Depth Open Hole  Depth Tubing  S441  L K J I  Natural Prod. Test:  bbls.oil, bbls water in oad oil used).  As Well Test  Action Fracture Treatment (after recovery of volume of oil equal to volume of old equal to volume of one of the process of	D   0	CB	A		Name of Prod. For	n. Dillesty
Depth Casing Shoe Depth Tubing \$441  L K J I Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 368 bbls.oil, No bbls water in 24 hrs, min. Size  M N O P GAS WELL TEST - Natural Prod. Test: MCF/Day; Hours flowed Choke 2;  Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 368 bbls.oil, No bbls water in 24 hrs, min. Size  METHOD Recovery Of volume of oil equal to volume of Choke 2;  MALURAL PROD. Test: MCF/Day; Hours flowed Choke Size  Natural Prod. Test: MCF/Day; Hours flowed Choke Size  Natural Prod. Test: MCF/Day; Hours flowed Choke Size  Natural Prod. Test: MCF/Day; Hours flowed Choke Size  NACE/Day; Hours flowed Choke Size Method of Testing: MCF/Day; Hours flowed Choke Size Send; Hours flowed Choke Size Method of Testing: MCF/Day; Hours flowed Choke Size McTesting: MCF/Day	1.3				<b>60 2119</b> 2155 2155	14 Land
Open Hole  OIL WELL TEST -  Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size  R N O P  Load oil used): 368 bbls.oil, bbls water in 24 hrs, min. Size  Size Feet Sax  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke 22  Matural Prod. Test: MCF/Day; Hours flowed Choke Size  Natural Size Size Size Size Size Size Size Size	E	F G	H			
Oil WELL TEST -  Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used); 368 bbls.oil, No bbls water in 24 hrs, min. Size  GAS WELL TEST -  Natural Prod. Test: MCF/Day; Hours flowed Choke Size  Wethod of Testing (pitot, back pressure, etc.):  Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing:  Acid or Fracture Treatment (Give amounts of matbrials used, such as acid, water, oil, and and): 19,000 gal cil & 47,0000 sand and 1000 gal Dewell acid  Casing Tubing 1230 Date first new Press. Press. Press. Press. Oil run to tanks 10-23-61  Oil Transporter Texas-New Mexico Pipe Line Company  Gas Transpopter El Paso Natural Gas Company  (Company or Operator)  By: Company or Operator)  Title. Office Manager.  Send Communicous regarding well to:  Magtern Mexicol Gas Company				Open Hole	Casing Shoe	Depth Tubing <b>3441</b>
Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size  Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used), 368 bbls.oil, No bbls water in 24 hrs, min. Size  GAS WELL TEST - Natural Prod. Test: MCF/Day; Hours flowed Choke Size  Mathod of Testing (pitot, back pressure, etc.):  Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing:  Acid or Fracture Treatment (Give amounts of mathrials used, such as acid, water, oil, and eard): 10,000 gal eil 6 47,0000 sand and 1000 gal Devell ecid  Casing Tubing Date first new Press. Press. Press. 1230 oil run to tanks 10-25-61  Oil Transporter Tempe-New Mexico Pipe Line Company  Gas Transporter El Paso Natural Gas Company  (Company or Operator)  By: Matural Ros Company  Title. Office Manager  Send Communication gwell to:  Material Press In Matural Gas Company  Title. Send Communication gwell to:  Material Press In Matural Gas Company  Title. Send Communication gwell to:  Material Press Recursed Gas Company  Title. Send Communication gwell to:	<del>,</del>	-				
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used); 368 bbls,oil, 100 bbls water in 24 hrs, 1512e 160 bbls water in 24 hrs, 1512e 160 bbls,oil, 100 bbls water in 24 hrs, 1512e 160 bbls,oil, 100 bbls water in 24 hrs, 1512e 160 bbls water in 24 hrs, 1512e 160 bbls,oil, 100 bbls water in 24 hrs, 1512e 160 bbls water in 24 hrs,	T .	r 1	I	Natural Prod. Test:	hhla atl	Choke
Continued   Continued   Choke Size   Choke				Took After Anti-	bbls_611,bbls wa	ter inhrs,min. Size_
Matural Prod. Test:	M	1 0	P	rest After Acid or Fracti	ure Treatment (after recovery of	volume of oil equal to volume of
Matural Prod. Test: MCF/Day; Hours flowed Choke Size  Method of Testing (pitot, back pressure, etc.):  Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing:  13 3/8 532 350 Choke Size Method of Testing:  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 10,000 gal cil & 47,000 sand and 1000 gal Bewell acid  Casing Tubing Press. 1230 Date first new oil run to tanks 10-25-61  Cil Transporter Tenne-New Mexico Pipe Line Company  Gas Transpopter El Pase Matural Gas Company  I hereby certify that the information given above is true and complete to the best of my knowledge.  WESTERN MATURAL GAS CONTANT  (Company or Operator)  Signature)  Title Office Memager  Send Company Matural Gas Company  Title Office Memager  Send Company (Company or Operator)  Signature)  Title Office Memager  Send Company (Company or Operator)  Company or Operator)  Signature (Company or Operator)  Signature (Company or Operator)  Signature (Company or Operator)  Signature (Company or Operator)		l		load oil used):	_bbls.oil,bbls water	in hrs, min. Size
Sire Feet Sax Test After Acid or Fracture Treatment:				GAS WELL TEST -		· · · · · · · · · · · · · · · · · · ·
Sire Feet Sax Test After Acid or Fracture Treatment:				- Natural Prod. Test:	MCE/Davis Manua 61-	
Test After Acid or Fracture Treatment:    MCF/Day; Hours flowed	bing ,Casi	ng and Com	enting Recor	Method of Testing (nitet	hock and the second sec	wedChoke Size
Choke Size Method of Testing:  Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 10,000 gal eil & 47,000 sand and 1000 gal Devell ecid Casing Tubing Press. Press. 1230 oil run to tanks 10-25-61  Cil Transporter Texas-New Mexico Pice Line Caseny  Gas Transporter El Paso Natural Gas Caseny  I hereby certify that the information given above is true and complete to the best of my knowledge.  WESTERN NATURAL CAS CONPANY  (Company or Operator)  By: WESTERN NATURAL CAS CONPANY  (Signature)  Title Office Memager  Send Communications regarding well to:	Size	Feet	Sax	Took After 4-14 - B	back pressure, etc.):	<u> </u>
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 10,000 gal cil & 47,000 sand and 1000 gal Bewell acid  Casing Tubing Press. 1230 Date first new oil run to tanks 10-25-61  Cil Transporter Texas-New Mexico Pipe Line Company  Market Martinal Cas Company  (Company or Operator)  OIL CONSERVATION COMMISSION  By: (Signature)  Title Office Manager  Send Communications regarding well to:				T lest After Acid or Fractu	re Treatment:	MCF/Day; Hours flowed
7 \$885 1100   Casing   Tubing   1230   Date first new   18-25-61   2 3/8 5441   Gas Transporter   Texase-New Mexico Pipe Line Company    Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby c	72 2/4	33Z	350	Choke Size Metho	od of Testing:	
7 \$885 1100   Casing   Tubing   1230   Date first new   18-25-61   2 3/8 5441   Gas Transporter   Texase-New Mexico Pipe Line Company    Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby certify that the information given above is true and complete to the best of my knowledge.  Thereby c	0 1/2	3376	2262	Acid or Fracture Treatmen	t (Give amounts of mathrials use	and such as said
Title Office Manager  Send Communications regarding well to:  Date first new oil run to tanks 18-25-61  Date first new oil run to tanks 18-25-61  Oil Transporter Texas-New Mexico Pipe Line Company  Date first new oil run to tanks 18-25-61  Oil Transporter Texas-New Mexico Pipe Line Company  Date first new oil run to tanks 18-25-61  Oil Transporter Texas-New Mexico Pipe Line Company  Date first new oil run to tanks 18-25-61  Oil Transporter Texas-New Mexico Pipe Line Company  Date first new oil run to tanks 18-25-61  Oil Transporter Texas-New Mexico Pipe Line Company  Date first new oil run to tanks 18-25-61  Oil Transporter Texas-New Mexico Pipe Line Company  Oil Company or Operator)  Date first new oil run to tanks 18-25-61  Oil Transporter Texas-New Mexico Pipe Line Company  Oil Company or Operator)  Title Office Mexager Send Communications regarding well to:	7. 01.0	33/4	2303	10.000 mal of	11 4 47.0005 send and 1	u, such as acid, water, oil, and
Cas Transporter El Pase Natural Gas Company  I hereby certify that the information given above is true and complete to the best of my knowledge.  Total Pase Natural Gas Company  (Company or Operator)  Signature)  Title Office Manager  Send Communications regarding well to:	7	8085	1100	Casing Tubing	Date first new	the Par Sassir Scre
I hereby certify that the information given above is true and complete to the best of my knowledge.  WESTERN NATURAL CAS COMPANY  (Company or Operator)  By:  (Signature)  Title.  Office Manager  Send Communications regarding well to:						
I hereby certify that the information given above is true and complete to the best of my knowledge.  WESTERN NATURAL CAS CONFACTOR  (Company or Operator)  By:  (Signature)  Title  Office Memager  Send Communications regarding well to:	2 3/8	5441				
I hereby certify that the information given above is true and complete to the best of my knowledge.  Total Conservation Company or Operator)  By:  Company or Operator)  By:  Company or Operator)  (Signature)  Title Office Memager  Send Communications regarding well to:			<del></del>	Gas Transporter El Pa	teo Netural Gas Company	
I hereby certify that the information given above is true and complete to the best of my knowledge.  Total Conservation Company or Operator)  By:  Company or Operator)  By:  Company or Operator)  (Signature)  Title Office Memager  Send Communications regarding well to:	narks:	•••••••••	101 10			
OIL CONSERVATION COMMISSION  By:  (Company or Operator)  By:  (Signature)  Title  Send Communications regarding well to:	••••••	······································	-01	MAN XXX 21	didd Collection	Clarent .
OIL CONSERVATION COMMISSION  By:  Company or Operator)  Company or Operator)  By:  Company or Operator)  Company or Operator)  Company or Operator)  By:  Company or Operator)		•••••••			•	
OIL CONSERVATION COMMISSION  By:  (Company or Operator)  (Signature)  Title  Send Communications regarding well to:	I hereby	certify th	at the infor	mation given above is true	and complete to the best of m	v knowledge
OIL CONSERVATION COMMISSION  By: Company or Operator)  (Signature)  Title Office Memager  Send Communications regarding well to:	roved		•••••	19		
Title Office Homagor Send Communications regarding well to:			_		***************************************	
Title Office Homagor Send Communications regarding well to:	OIL.	CONSER	VATION O	COMMESSION	Bu Face D	ord of a
Title Office Names Send Communications regarding well to:	17				(Si	mature)
Send Communications regarding well to:		1	////		· ·	•
Vestern Vetural Can Company			**************	, 1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		
Name	e <i>]</i>	<i></i>	***************************************			•
					Name	ras company

galan in the state of the state

mus most value

Licht (Auch 1965) Licht (Auch 1965) Auch (Auch 1965) Germann (Auch 1965) Auch (Auch 1965) Germann (Auch 1965) Auch (Auch 1965)

agrange i se de la serie de la desemble <del>- Baran</del> Grange i se de la desemble de la de Grange i se de la desemble de la de

•

5 B 32 34 5

gradient of the second of the