## NEW M\_\_ICO OIL CONSERVATION COMMIS\_\_N Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well 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.

				Midland, Te		October 9, 1959	
WE ARE	HEREBY	REQUEST	TING AN ALLOWABLE F	OR A WELL KN	OWN AS:	(Dat	
Ander:	son-Price	ard 011	Corp. Carlson (Less	Well No		SE 1/4	SW 1/4,
· -			, T255, R37E	C }			• • • •
					Date Drilling	Completed 8-29	59
	Please indicate location:		Elevation <u>3070</u> Top Oil/Gas Pay <u>538</u>		Deptn	PBTD6010	
D	CB	A	PRODUCING INTERVAL -	Name o	1 Prod. Form	BLINGDIY	
E	FG	Н	Perforations 5380	Denth		Depth	
			Open Hole	Casing	Shoe 7050	Tubing5369	
L	K J	I	OIL WELL TEST - Swbd Natural Prod. Test:	•			Choke
			Test After Acid on Exact	D	bbls water i	n <u>3</u> hrs, <u>0</u> min	• Size
M	N O	P	Test After Acid or Fractuload oil used): <u>58.62</u>	bbls.oil, <b>30.5</b>	bbls water in <b>2</b>	me of oil equal to vo Ch hrs. O min Si	lume of oke
			GAS WELL TEST -			<u> </u>	<sup>2e</sup> _ <b>16/0</b> 4
901 FSL	& 23101	FWI.	and the second se		a that in a		
Tubing ,Ca	sing and Cer	menting Reco	Method of Testing (pitot,	back cressure atc	).	Choke Size	
Size	Feet	Sax	Test After Acid or Fractu	Treatment:			
13-3/8	550	F00	Choke SizeMetho	d of Testing:	MC1	/Day; Hours flowed	<del></del>
<u>4,-)/o</u>	558	500					
9-5/8	3273	1400	Acid or Fracture Treatment				1, and
~			sand): 1000 gal mi Casing Tubing	d acid & 6000 Date first no	gal acid		
7	7050	1012	Press. 0 Press. 8				
			011 Transporter Te			0	
		-	Gas Transporter 5	Pase Natural	Gas Co.		
cmarks:	••••••••••••••••••	······································	·····			·	••••
•••••	•••••					ج ہے۔ ••••••••••••••••••••••••••••••••••••	•••••
I hereb	w cartifu al					• •	
			rmation given above is true				
	••••••		er9	,	(Company or O	perator)	
OI	L CONSEI	RVATION	COMMISSION	By:	) // G. z (Signatur	cr.	
	e K					•	
	- <u></u>			Title. Dist			
tle						egarding well to:	
		,		NameAnders	on-Prichard.	Oil Corporation	<b>]</b>
				Address Box 1	96, Midland,	Texas	