HI 4FR OF COP. . S RECEIV .. D DISTRIBUTION BAN (A FE FILE U.S.G 5 LAND OFFICE TRANSPORTER OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexic

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

REG

QUEST	FOR	(OIL) -	ALLOWAPLE	
			PEREF COO	New Well

This form shall be submetted by the operator before an initial allowable wall pe 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-104 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 recompletio: The completion date shall be that date in the case of an oil well when new oil is delivreported on 15,025 psis at 60° Fahrenheit

ca muo	e strek tall	K3, Q &, IIIu:	st be reported on 13.023 ps	Hobbs, New Haxico (Place)	Septe	mber 6, 1961 (Date)
Texas Ra (Con	cific Co	erator)	L Company - Gregory		, in SE	<i>n</i>
N Unit Let	, Sec	33	., T25 , R	37 , NMPM., Lan	clie-Mattix C	Pool
ies			County. Date Spudded	8/14/61 Date D	rilling Completed	8/21/61
	indicate		Elevation 2989 K	Total Depth	3299 PBTD	3289
D (3 B	A	Top Oil/Gas Pay 311	Name of Prod. F	orm. Queen	(3/241);
		-	PRODUCING INTERVAL -		3183-	-861, 3210-16
E		 	Perforations 3115-18	31 <u>, 3133-38</u> 1, 3150-53	, 3163-721, 31	76-801,/
E	G	H	Open Hole	Depth Casing Shoe	3299 Depth Tubing	3086
			OIL WELL TEST -			
L F	C J	I	Natural Prod. Test:	bbls.oil,bbls	water in hrs.	Choke
				cure Treatment (after recovery		
M	0	P		_bbls.oil, _5bbls wat	•	
x				DDIS,OII,BDIS WAL	er in <u>10</u> hrs,	min. Size
			GAS WELL TEST -	MCF/Day; Hours		
Size 8-5/8#	316	Sax 300	Test After Acid or Fract	., back pressure, etc.): cure Treatment: nod of Testing:	MCF/Day; Hours	flowed
5-1/2"	3289	300	Acid or Fracture Treatme	nt (Give amounts of materials	used, such as acid, w	vater, oil, and
2#	3076		= 1 ·		in	THE STAFES.
			4	Texas-New Mentho Pi		
		<u> </u>		El Paro Natural Gas	-	
emarks:				A DIVISION OF JOSEPH TO-TEXAS PACIFI EFFECTIVE	OF DAY COMPANY E. SEAGROM & SONS, INCOME COMPANY OF THE COMPANY, INC	C
I hereby	certify th	at the info	rmation given above is tr	ue and complete to the best o	f my knowledge.	
proved	7		, 19	Texas Pacific C		peny
OII	CONSE	C VATION	COMMISSION	Ву:	(Signature)	
	1/) 	/	This art and a 2 Th		
			<i>y</i> '	Title District E	ications regarding we	ell to:
tle				NameTexas Paci		
7	,			P. O. Box		