## NE' MEXICO OIL CONSERVATION CON SSION Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (CESE) 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.

					M	Midland, Texas			8-26-57	
WF .	ARF H	FRFRV	REOUSSTI	NG AN ALLOWAI		(Place)			(Date)	
T	ne Te	xas C	ompany	W.L.Steph	en Estate	Well No	L :-	NE	NE	,
<u> </u>	Unit Let	, S ter	ec. <u>19</u>	., T. 24-S., R.	38-E , N	MPM.,Dollar	rhide(Dr	inkard)	Pool	l
L	e <b>a</b>			County. Date Sp	udded 7-13.	-57 Det	te Drilling C	cupleted	8-15-5	7
			e location:	Elevation	174	Total Depth	<u>    6815                                </u>	РВТО	68051	
	<b>—</b>		BA	Top Oil/Gas Pay	6660	Name of Pro	d. Form. LC	wer Clea	r Fork	
				PRODUCING INTERVAL						
E			3 Н	Perforations6	660-6710	; 6734-674	4			
				Open Hole		Depth Casing Shoe	-	Depth Tubing	-	•
<u>⊢</u>	<u> </u>			OIL WELL TEST -						•
L		K	J I I	Natural Prod. Test	bbl	s_cil, —	bbls water in	- hrs	Choke min. Size	
				T <b>est</b> After Acid or						•
M	1			load oil used):						2/64
				GAS WELL TEST -						•
					• -	MCF/Day: Hou	uts flowed	<ul> <li>Choke Si</li> </ul>	-	
Tubing , Casing and Cementing Record				Natural Prod. Test:MCF/Day; Hours flowedChoke Size						
	Size	Feet	Sax	Test After Acid or						
13	3/8	<b>3</b> 60	400	Choke Size				, -0,,		
										:
8	5/8	3237	2000	Acid or Fracture T sand): Acidize						~~]~
5	1/2	6 <b>798</b>	400	sand): ACICIZE Casing T Press. P	ubing _	Date first new	8-21-5	57	110,0000	MA
F		0150								
	. 1			Oil Transporter		New Mexico	Pipe Li	ne Compa	<b>ny</b>	
Rema	rks :	GOR-	1002	Gas Transporter						
				•••••••						
I	hereby	certify	that the info	rmation given above	is true and co	omplete to the be The	st of my kno Fexas Co	wledge. Moany		
Appro	wed	•••••••••••••••	••••••	, 1	<b>J</b>	(	Company 💉 O	perator)		
	OII	CONS	ERVATION	COMMISSION	By:	By:(Signature)				
R.		<u>.</u>	14	1	T1.1	Asst. D	(	•		
			-			Send Comr	nunications	regarding well	to:	
Title .	•••••••	•••••••••••••••			Nan	ne. T.P. Dr	ew	·····		
						ress Box 1270		und, Texa	s	