DISTRIBUTION								
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FILE								
U.4.G.B.	·			-				
LAND OFFICE								
TRANSPORTER	OIL							
	GAS							
PRORATION OFFIC	: E		_					
OPERATOR								

W MEXICO OIL CONSERVATION COMMISSION Revised 7/1/57 Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well

(Form C-104)

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.

E ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: (Pace) (Date) erads Patroleum Corporation Id Wimberley, Well No15, inNM			•	•	Hobbs, New Mexico					
erceds Patroleum Corporation Ids Wimberley, Well No. 15. in. NW. 14. NW. 14. ICompany or Operator) 258. R. 378. NMPM. Langlis.Mattix Po D Sec. 25. T. 258. R. 378. NMPM. Langlis.Mattix Po Num Letter County. Date Spudded 3-5-53. Date Drilling Completed 3-19-63. State Drilling Completed 3-19-63. Please indicate location: R. 378. Top Oil/Os Pay 2946. Name of Prod. Form. Queen R.372 Top Oil/Os Pay 2946. Name of Prod. Form. Queen Percentions Perforations 2946! to 3177! Perforations Depth Z F G H Perforations 2946! to 3177! E F G H Top Oil/Os Pay 2946 Depth Depth Z Open Hole Casing One 5496 Tubling Depth Z Vertex Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Iowace Diado II usec): Bols.oil,								(Date)		
(Company or Operator) (Lawe) D_max Sec. 25			-						· • • • • • • • • • • • • • • • • • • •	
D Sec. 25 T						No15	, 1 n b	IW ¹ /	4	
use Letter County. Date Spudded _3-5.5.63. Date Detilling Completed _3-19-63. Please indicate location: Elevation			-	., T 25S , R		., La	nglie Mat	tix	Poo	
Please indicate location: 30/4' DF Total Depth 5510 FPID 5495' R-37E Top 011/3as Pay 2945 Name of Frod. Form. Quagen #\$15 A A Perforations 2945' to 3177' E F G H Casing Shce 5496 Tubing I K J Z Other Casing Shce 5496 Tubing Chok M N O P Natural Prod. Testi bbls.oil, bbls water in hrs, min. Size Chok Sac. 25 Natural Prod. Testi MCF/Day: Hours flowed Choke Size Choke Size Choke Size Sire Fsize Sat Test After Acid or Fracture Treatment: 1990 MCF/Day: Hours flowed 24 8-5/8 854 S50 Acid or Fracture Treatment: 1990 MCF/Day: Hours flowed 24 2-7/8 5496 <td>Unit</td> <td>Lotter</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Unit	Lotter								
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Sec. 25 Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used):	L	K J	I	Natural Prod. Test:	bbls.oil,	bb	ls water in	hrs,	Choke min. Size	
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(Signature) Title District Superintendent Send Communications regarding well to: Name Amerada Btroleum Corporation		OIL CONSI	ERVATION	COMMISSION	By:	.C.l.a.	1-12-12	·	·····	
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