NEW EXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

RECEIRIVISED 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE DEC 2 3 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 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. TEXAGO SEABOARD Inc., P.O. Box 352 Midland, Texas December 21, 1959 (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: TEXACO SEABOARD Inc. B. I. Hanson Federal., Well No. 1. in. NE. 1/4. Sw. 1/4. E , Sec 3. T 19-8 , R 31-E , NMPM., Shugert Pool County. Date Spudded Nov. ... 28, ... 1959 Date Drilling Completed Dec. 11, 1959 Elevation 35961 (G.L.) Total Depth 39251 FBTD 38931 Please indicate location: Name of Prod. Form. Top Oil/Gac Pay 33021 В A PRODUCING INTERVAL -Perforations 33021 to 34061, 34151 to 34261 G H F E 33921 Casing Shoe Open Hole OIL WELL TEST -K J I L Natural Prod. Test: bbls.oil, bbls water in hrs, Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 03 bbls.oil, 25 bbls water in 21 hrs, 0 min. Size 1 1 P ō GAS WELL TEST -Natural Prod. Test: MCF/Day; Hours flowed Choke Size 23105,200W Method of Testing (pitot, back pressure, etc.):____ Tubing Casing and Cementing Record MCF/Day; Hours flowed_ SAX Feet Size Test After Acid or Fracture Treatment:___ Method of Testing: 550 837 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 300 3013 Date first new Casing Press. Press. 3322 Oil Transporter Medicod Corperation, Midland, Texas Gas Transporter___ Remarks: Perferate 5 1/2" O.D. Gasing from 33921 to 34061, and 34151 to 34261, Acidise with 500 Cals. Regular Acid. Frac with 10,000 Cals. refined cil and 15,000 Lbs. sand at 22.2 B.P.M. I hereby certify that the information given above is true and complete to the best of my knowledge. OIL CONSERVATION COMMISSION (Signature) Title Assistant District Super Intendent Send Communications regarding well to: Unustrong Name....I. G. Blevins, &.

Address...P. O. Box 352, Midland, Texas

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NEW MEXICO OIL CONSERVATION COMMISSION FORMEGISTO REFERENCE 7/1/55

(File the original and 4 copies with the appropriate district office) 3, 1959

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION C. TO TRANSPORT OIL AND NATURAL GAS

Company o	or Operator TRIACO SEABOARD Inc	Lease B. I. Hanson Federal
Well No.	1 Unit Letter K S 3	T 19-8R 31-E Pool Shugart
County	Eddy Kind of Lea	se (State, Fed. or Patented) Federal
If well pro	duces oil or condensate, give loc	eation of tanks: Unit R S 3 T 10-8 R 31-R
Authorized	d Transporter of Oil or Condensa	te Mallood Corporation
Address	306 V & J Tower Building, Midland	i, Texas
		ed copy of this form is to be sent)
Authorized	l Transporter of Gas # Hone	
Address		Date Connected
	(Give address to which approve	ed copy of this form is to be sent)
lf Gas is n	ot being sold, give reasons and a	also explain its present disposition:
* TS	324	
Reasons fo	or Filing:(Please check proper bo	ox) New Well Key Well (x)
		() Dry Gas () C'head () Condensate ()
_		
Change in	Ownership() Other () () (Give explanation below)
Remarks:		(Give explanation below)
•		
The under	signed certifies that the Rules an	d Regulations of the Oil Conservation Com-
	ive been complied with.	
Executed t	his the 21st day of Becember	1959
		By Mainen
		By the survey
Approved_	DEC 2 3 1959 19_	Title Assistant District Superintendent
OIL	CONSERVATION COMMISSION	Company TRYACO STABOARD The.
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By ///_	Usmstrong	Address 2. 0. Box 352
Title	OIL AND GAS INSTACTION	Midland, Texas

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No.
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KROWNON OBACE
STATE (7.4) OTROS
U. S. G. S.
TRANSPORTER
FILE
BUREAU OF MINES

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