

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

**REQUEST FOR ~~WELL~~ - (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.

**Hobbs, New Mexico**

**June 30, 1958**

(Place)

(Date)

**WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:**

**Magnolia Petroleum Company**

**Werntz- Federal**

Well No. **1**, in **SE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**H**

**21**

**T**

**24N**

**1W**

**NMPM,**

**Undesignated Pictured Cliffs** Pool

Unit Letter

**Rio Arriba**

Please indicate location:

D	C	B	A
		1650'	
E	F	G	H
			1990'
L	K	J	I
M	N	O	P

County. Date Spudded **10-30-57**

Date Drilling Completed **6-11-58**

Elevation **7283'**

Total Depth **3121'** PBD **3080'**

Top Gas Pay **3041**

Name of Prod. Form. **Undesignated Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3041-52, 3055-56**

Open Hole **---**

Depth Casing Shoe **3121'** Depth Tubing **3070'**

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: **1549** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Back Pressure**

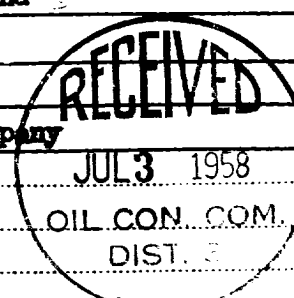
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **88,000 gal water and 55,000 # sand**

Casing Press. **MTP** Date first new oil run to tanks

Oil Transporter

Gas Transporter **Transwestern Pipe Line Company**

Remarks:



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **JUL 3 1958**, 19

**Magnolia Petroleum Company**

(Company or Operator)

**OIL CONSERVATION COMMISSION**

Original Signed By

By: **A. R. KENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**

By:

*[Signature]*

(Signature)

Title **District Gas Engineer**

Send Communications regarding well to:

**Magnolia Petroleum Company**

Name **Box 2406**

Address **Hobbs, New Mexico**

**OIL CONSERVATION COMMISSION**  
**NEW YORK DISTRICT OFFICE**

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1. Name of vessel	ED	
2. Date of inspection	/	
3. Name of inspector	/	
4. Name of owner	/	
5. Name of operator		
6. Name of agent		
7. Name of master		
8. Name of crew member	/	✓
9. Name of witness		