REQUEST FOR (SHE) - (GAS) 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.

- 11100			Hobbs, New Mexico October 2	, 1957
			(Place) (Da	
ARE I	HEREBY R	EQUESTII	ING AN ALLOWABLE FOR A WELL KNOWN AS: Pany Jicarilla "D" Well No. #3 LT-MV, in NE. 1/4	荣
, C -			/I aasa\	
A Unit 10	Sec	13	T 26N , R 3W , NMPM., Blanco Mesaverde	Pool
		/ 	County. Date Spudded 7-22-57 Date Drilling Completed 8-18 Elevation Total Depth 6180 PBTD 6145	-57
Pleas	se indicate	location:	Elevation Total Depth 6180 PBTD 6145	·
7	C B	A	Top 37/Gas Pay 5566 Name of Prod. Form. Rlanco Mesaverd	<u>e </u>
	99	3 000	PRODUCING INTERVAL -	
	F G	H	Perforations 5566-6047 Depth Depth Depth Code	
•	r G		Open Hole Depth Casing Shoe 6180 Depth Tubing 554	3
			OIL WELL TEST -	
١	K J	I	Natural Prod. Test:bbls.oil,bbls water inhrs,m:	Choke in. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to	volume of
M	N O	P	load oil used):bbls.oil,bbls water inhrs,min.	Choke Size
İ		<u> </u>	GAS WELL TEST -	
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size	-
· 0	-t and Com	enting Recor		
Size	Feet	SAX		
3145	1		Test After Acid or Fracture Treatment: 1067 MCF/Day; Hours flowed	3 hrs
lo 3/4	324	250	Choke Size 3/4" Method of Testing: Back Pressure	
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water,	oil, and
7 5/8		200	sand): 80,000 gal water & 80,000 # sand	
5 1/2	Top 3899	75	Casing Tubing Date first new oil run to tanks	
	Bottom		 	
5 1/2	6180	125	Gas Transporter Pacific Northwest Pipe Line Corporation - Wai	ting
	· · · · · · · · · · · · · · · · · · ·		Gas Transporter Gomnection	
marks:		•••••••••		P
•••••		******		
			ormation given above is true and complete to the best of my knowledge.	&
proved	***************************************		Magnolia Petroleum Compand	7
			(Company or Operator)	.0 D
O 1	IL CONSE	RVATION	COMMISSION By OLG NOTICE (Signature)	
Orig	ginal Sign	ned Emer	ry C. Arnold Title District Superintendent, Natural	Gas
***************************************	****************	• • • • • • • • • • • • • • • • • • • •	Send Communications regarding well to:	
lepe	rvis or Dist.	# 3	NameBox 2206	
			Hobbs. New Mexico	
			Address Mr. Lee E. Robinson, Jr	

OIL CONSERVATION COMMISSION
MO. Cop as Royal A
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<u> </u>
Transporter

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