

REQUEST FOR (OIL) - (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 QUADRUPPLICATE 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.

Fort Worth, Texas

3-29-62

(Place)

(Date)

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

T. F. HODGE

HUMBLE-STATE

Well No. 1

SE

SW

(Company or Operator)

(Lease)

N

Sec. 26

T. 10-8

R. 33-E

NMPM, Wildcat

Pool

Unit Letter

Lea

County. Date Spudded. 2-1-62

Date Drilling Completed 3-21-62

Please indicate location:

Elevation 4202

Total Depth 9846

PBTD ~~XXXX~~ 9810

Top Oil/Gas Pay 9658

Name of Prod. Form. Bough "C"

PRODUCING INTERVAL -

Perforations 9667-71'

Open Hole None

Depth ~~9844~~ 9844

Depth 9620

OIL WELL TEST -

Natural Prod. Test: - bbls. oil, - bbls water in - hrs, - min. Size ~~XXXX~~

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 468 bbls. oil, 0 bbls water in 24 hrs, - min. Choke Size 12/64"

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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gal. mud acid

Casing Press. 1500 Tubing Press. 1250 Date first new oil run to tanks 3-26-62

Oil Transporter MCWood

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	343	320
8 5/8	4151	340
4 1/2	9843	500

Remarks:

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

Approved 3-29-62, 1962

T. F. HODGE

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *Walter L. Hahn*

(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name T. F. Hodge

Address 1113 Continental Bank Bldg.

By: *[Signature]*

Title _____