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NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
 Santa Fe, New Mexico Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
 Reconstructions

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.

Hobbs, New Mexico 6-4-62
 (Place) (Date)

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

The Ohio Oil Company Lea Unit, Well No. 6, in NW 1/4 SE 1/4,
 (Company or Operator) (Lease)
 J, Sec. 11, T. 20 S., R. 34 E., NMPM., Lea Penn. Prec.

Unit Letter

Lea

County, Date Spudded 7-6-61 Date Drilling Completed 10-31-61

Please indicate location:

Elevation 3644' GL Total Depth 14,472' PBD

Top Oil/Gas Pay 13,162' Name of Prod. Form. Bend

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

PRODUCING INTERVAL -

Perforations 13,162-172' 12,834-849'

Open Hole _____ Depth _____ Depth _____
 Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

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

GAS WELL TEST -

Natural Prod. Test: 6893 MCF/Day; Hours flowed 24 Choke Size 18/64"

(FOOTAGE)
 Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	846	800
9 5/8	5508	3150
7	14358	1100
2 3/8	12779	

Method of Testing (pitot, back pressure, etc.): Absolute open flow

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):

Casing Tubing Date first new
 Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Llano, Inc.

Remarks: Bend Gas Section completed & potential test made 12-15-61.
 Dist: NMOC Sinclair J. A. Grimes T. O. Webb
 Com. of Pub. Lands J. L. Hamon D. V. Kitley B. B. Kennedy

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

Approved _____, 19_____

THE OHIO OIL COMPANY
 (Company or Operator)

OIL CONSERVATION COMMISSION

By: *R. L. Walters*
 (Signature)

By: _____

Title: Superintendent

Title _____

Send Communications regarding well to:

Name: The Ohio Oil Company