

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.

Tatum New Mexico Sept. 9, 1957
(Place) (Date)

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

Hancock Oil Company S.P. Johnson, et al., Well No. ^{R/A "A"} 3, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)
M, Sec. 17, T. 12S, R. 38E, NMPM, Gladale Pool
Unit Letter

Lea County. Date Spudded July 5, 1957 Date Drilling Completed Sept. 7, 1957

Please indicate location:

Elevation 3879' KB Total Depth 12004' PBTD -----

Top Oil/Gas Pay 11991 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations None

Open Hole 14' Depth Casing Shoe 12000 Depth Tubing 12000

OIL WELL TEST -

Natural Prod. Test: 140 bbls. oil, .28 bbls water in 7 hrs, 0 min. Choke Size 16/64

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. Choke Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	348'	350
8 5/8	4600'	1750
5 1/2	12,000	200
2	12,000	None

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): _____

Casing Tubing Date first new Press. 500# oil run to tanks Sept. 9, 1957

Oil Transporter Service Pipe Line Company

Gas Transporter None

Remarks: _____

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

Approved: _____, 19_____

Hancock Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: R. C. M. [Signature]
(Signature)

By: _____

Title: Production Superintendent
Send Communications regarding well to:

Title _____

Name Hancock Oil Company

Address 509 W. Tex. Ave., Midland, Texas.