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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRORATION OFFICE		
OPERATOR		

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

FEB 24 12 44 PM '65

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.

Midland, Texas   **February 23, 1965**
(Place)   (Date)

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

Southern New Mexico Oil Corporation Lusk Deep Unit, Well No. **11**, in **NW** ¼ **SW** ¼,
(Company or Operator)   (Lease)

L Unit Letter **19**, Sec. **19-S**, T. **32-E**, R. , NMPM., (**Lusk-Strawn**) Pool

Lea County. Date Spudded **1-12-65**   Date Drilling Completed **2-14-65**

Elevation **3593.5 GR**   Total Depth **11470**   PBTD **11433**

Top Oil/Gas Pay **11340**   Name of Prod. Form. **Strawn**

Please indicate location:

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

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	778	775
8 5/8	3746	2350
4 1/2	11470	800
2	11396	

PRODUCING INTERVAL –

Perforations **(11340-45) (11350-56) (11370-87)**   Depth

Open Hole   Casing Shoe   Depth Tubing **11396**

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 load oil used): **140** bbls. oil, **0** bbls water in **5** hrs, **0** min. Choke Size **1 / 2**

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): _____

Casing Press. **1350**   Tubing Press. **600**   Date first new oil run to tanks **2-20-65**

Oil Transporter **The Permian Corporation**

Gas Transporter **Phillips Petroleum Company**

Remarks: **Acidized 5000 gallons (Pressures 3800 to 0 @ 5.1 BPM). Rate of flow after 420 barrels of fluid had been produced was 672 barrels per 24 hours.**

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

Approved **February 23**, 19**65**

Southern New Mexico Oil Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ **O. H. Crews**
(Signature)

By: _____

Title _____

Title **Agent**

Send Communications regarding well to:

Name **Southern New Mexico Oil Corporation**