

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 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.

Hobbs, New Mexico, February 13, 1958

(Place)

(Date)

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

**The Texas Company** **Audie Richards**, Well No. **1** in **SE** **SE**  $\frac{1}{4}$   $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
**P** Sec. **25**, T **20-S**, R **32-E**, NMPM., **Undesignated** Pool

Unit Letter  
**Lea**

County. Date Spudded **11-29-56** Date Drilling Completed **1-20-58**  
Elevation **3586'** Total Depth **16,600'** PBDT **12,925'**

Please indicate location:

Top Oil/Gas Pay **12,909'** Name of Prod. Form. **Morrow Sand-Penn.**

|   |   |   |        |
|---|---|---|--------|
| D | C | B | A      |
| E | F | G | H      |
| L | K | J | I      |
| M | N | O | P<br>X |

PRODUCING INTERVAL -

Perforations **12,909' - 12,916'**

Open Hole --- Depth --- Casing Shoe --- Depth Tubing **12920'**

OIL WELL TEST -

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

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. Size --- Choke ---

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

| Size    | Feet   | Sax  |
|---------|--------|------|
| 20"     | 1202'  | 2400 |
| 13 3/8" | 2721'  | 3250 |
| 9 5/8"  | 8109'  | 2600 |
| 7"      | 14928' | 500  |

Method of Testing (pitot, back pressure, etc.): ---

Test After Acid or Fracture Treatment: **1,794** MCF/Day; Hours flowed **24**

Choke Size **19/64** Method of Testing: **Multi-Point Back Pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 gal. 20% Acid**

Casing Press: **PKR843** Tubing Press: **1681** Date first new oil run to tanks **1-20-58**

Oil Transporter **Permian Oil Company**

Gas Transporter **Southern Union Gas Company**

Remarks:  
**5" Liner 1713' 160**  
**2" Tubing 12,868'**

**GOR 37,375**

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

Approved: \_\_\_\_\_, 19\_\_\_\_

**The Texas Company**

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *E. Fischer*  
Title: \_\_\_\_\_

By: *J. G. Blevins, Jr.*  
(Signature)

Title: **Field Foreman**

Send Communications regarding well to:

Name: **J. G. Blevins, Jr.**

Address: **P.O. Box 454, Hobbs, New Mexico**