

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.

Hobbs, New Mexico (Place) October 15, 1958 (Date)

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

AZTEC OIL & GAS COMPANY State E-33 Well No. 2 in. NW 1/4 NE 1/4
D (Company or Operator) 33 (Lease) 36E Eumont
Unit Letter Sec. 33 T. 20S R. 36E NMPM. Date Spudded April 9, 1955 Date Drilling Completed Oct. 10, 1958

Please indicate location:

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

Sec. 33-20S-36E

Elevation 3602' Total Depth 3915' PBD 3825'
Top Oil/Gas Pay 3778' Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3778-84'; 3786-92'; 3804-07'; 3810-16'

Open Hole Depth 3915' Depth 3784'
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: X 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
8-5/8"	323	280
5-1/2"	3915	500

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

Test After Acid or Fracture Treatment: 683 * MCF/Day; Hours flowed 24
Choke Size 14/64" Method of Testing: Critical Flow Prover

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 600 gals. acid; 15,000 gals - 15,000# sand

Casing 3100 Tubing Date first new
Press. Press. oil run to tanks

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter Southern Union Gas Company

Remarks: * 683 MCF/D with flowing tubing pressure of 560 psi.

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

Approved: _____, 19____

AZTEC OIL & GAS COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

P. R. WATTS, JR.

(Signature)

Title: District Superintendent

By: *John W. Ramsey*

Title: _____

Send Communications regarding well to:

Name: AZTEC OIL & GAS COMPANY

Address: Box 847, Hobbs, New Mexico