

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, N. M. 3-5-59  
(Place) (Date)

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

W. K. Byrom Williams B, Well No. 3, in NE 1/4 SE 1/4  
(Company or Operator) (Lease)

I, Sec. 33, T. 19S, R. 37E, NMPM., Monument Pool  
Unit Letter

Lea County. Date Spudded 2-8-59 Date Drilling Completed 2-20-59

Please indicate location:

Elevation 3558 Total Depth 3878 FBT

Top Oil/Gas Pay 3846 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3846 - 3850

Open Hole 3850-3878 Depth Casing Shoe 3852' Depth Tubing 3830

OIL WELL TEST -

Natural Prod. Test: 0 bbls. oil, 0 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): 55 bbls. oil, 4 bbls water in 24 hrs, min. Size 3/4" Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	310'	200
5 1/2"	3852'	400
2"	3830	

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): 20,000 gals. refined oil and 20,000 lbs sand.

Casing Tubing Date first new Press. 750 Press. 100 oil run to tanks 3-4-59

Oil Transporter Gulf Refining Co. - Box 1508 - Hobbs, N. M.

Gas Transporter Warren Pet. Corp. - Box 1589 - Tulsa, Oklahoma

Remarks:

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

Approved: 19.....

W. K. Byrom  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: R. R. Anderson  
(Signature)

By: [Signature]  
Title

Title Agent  
Send Communications regarding well to:

Name W. K. Byrom

Address 1000 N. Dal. Paso - Hobbs, N. M.