

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR ~~10000~~ - (GAS) ALLOWABLE ~~10000~~ 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico April 12, 1955
(Place) (Date)

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

Tennessee Production Co., Weir, Well No. 1, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
L, Sec. 8, T. 20S, R. 87E, NMPM, Eumont Pool
(Unit)
Lea County. Date Spudded 4-19-42, Date ~~Spudded~~ Recompleted Nov. 30, 1954

Please indicate location:

1			
*			

Elevation 3,560' Total Depth 3,876', P.B. 3,632'
Top ~~of~~ gas pay 3,510' Name of Prod. Form 3,510'
Casing Perforations: 3,510 to 3,610' or
Depth to Casing shoe of Prod. String 3,650'
Natural Prod. Test _____ BOPD
based on _____ bbls. Oil in _____ Hrs. _____ Mins.
Test after acid or shot _____ BOPD
Based on _____ bbls. Oil in _____ Hrs. _____ Mins.
Gas Well Potential 6,202 MCF open flow
Size choke in inches _____
Date first oil run to tanks or gas to Transmission system: _____
Transporter taking ~~Oil~~ or Gas: Permian Basin Pipeline Company

Casing and Cementing Record

Size	Feet	Sax
<u>10 3/4"</u>	<u>250'</u>	<u>125</u>
<u>5 1/2"</u>	<u>3,650'</u>	<u>500</u>

Remarks: Treated through perforations with 10,000 gallons sand-frac, 10,000# sand. Injection pressure 2,400#.

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

Approved April 12, 1955. TENNESSEE PRODUCTION CO.
(Company or Operator)

OIL CONSERVATION COMMISSION
By: [Signature]
Title _____

By: J. H. Moore
(Signature)
Title Unit Operator
Send Communications regarding well to:
Name J. H. Moore
Address Box 1537, Hobbs, New Mexico