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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

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 14, 1964

(Place)

(Date)

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

Randall F. Montgomery, Operator

Essa State

Well No. **2**, in **SE** $\frac{1}{4}$ NW $\frac{1}{4}$,

(Company or Operator)

(Lease)

F Sec. **18**, T. **20-S**, R. **33-S**, NMPM., **Salt Lake** Pool

Unit Letter

Lea

County. Date Spudded **Jan. 2, 1964** Date Drilling Completed **Jan. 12, 1964**

Please indicate location:

Elevation **Gr. 3499 L & S** Total Depth **3100** PBD **3100**

Top Oil/Gas Pay **3014** Name of Prod. Form. **Inter-Seven Rivers**

PRODUCING INTERVAL -

Perforations **3014-22, 24-30, 48-52, 74-80**

Open Hole **None** Depth **3100** Casing Shoe **3100** Depth **3088** Tubing

OIL WELL TEST -

Natural Prod. Test: **None** 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): **25** bbls. oil, **100** bbls water in **24** hrs, _____ min. Size **Pump** Choke

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. _____ Tubing Press. _____ Date first new oil run to tanks **February 2, 1964**

Oil Transporter **McLeod Corporation**

Gas Transporter **None**

Remarks: **Acidized 5000 gals. 15% HCl w/100 Gall. Sealers**

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

Approved: **February 14, 1964**, 19____

RANDALL F. MONTGOMERY, OPERATOR

(Company or Operator)

By: **R. F. Montgomery** (Signature)

Title: **OPERATOR**

Send Communications regarding well to:

Name: **RANDALL F. MONTGOMERY, OPERATOR**

BOX # 2215, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title: _____

I hereby certify that the following deviations are the one's reflected on the daily reports:

247'
604'
872'
1083'
1310
1591
1838
2125
2407
2688
2936

1/4°
1/4°
1/2°
1/4°
1/4°
1°
3/4°
1°
2°
3°
2 1/4°

R. L. Montgomery

STATE OF NEW MEXICO

COUNTY OF SRA

The above and foregoing instrument was acknowledged before me this 17th day of February, 1966, by R. L. Montgomery, known to me to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Witness my hand and official seal the day and year last above written.

MY COMMISSION EXPIRES
DECEMBER 23, 1966

Frances Shippen
Notary Public in and for San County, N.Mex.