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	GAS		
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NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
 Santa Fe, New Mexico Revised 7/1/67

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
 [Stamp]

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.

Midland, Texas **March 12, 1964**
 (Place) (Date)

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

Edwin Foster Blair (Company or Operator), Well No. **1**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$.
 (Lease)
K **11**, **T 20-S**, **R 34-B**, **NMPM**, (**Lea Bone Springs**) Pool
 Unit Letter **Lea**

County **Lea** Date Spudded **12-16-63** Date Drilling Completed **1-30-64**
 Elevation **3653** Total Depth **10,400'** PBD **10,330'**

Please indicate location:

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

Top Oil/Gas Pay **10,126'** Name of Prod. Form. **Bone Springs**

PRODUCING INTERVAL -

Perforations **10126-10,140' & 10,306-10,312'**

Open Hole _____ Depth _____ Depth Tubing **10,086'**
 Casing Shoe _____

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **42** bbls. oil, **-0-** bbls water in **24** hrs, **0** min. Choke Size **16/64**

GAS WELL TEST -

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

(FOOTAGE)
 Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	815	840
8-5/8	5429	550
4-1/2	10,400	280

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): **100,000 gals. gelled wtr. & 95,000# sd.**

Casing Pkr. _____ Tubing 200 _____ Date first new oil run to tanks **3-3-64**
 Press. _____ Press. _____

Oil Transporter **Texas New Mexico Pipeline Company**

Gas Transporter **Phillips Petroleum Company**

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
 Approved _____, 19____ **Edwin Foster Blair**
 (Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
 Title _____

By: _____
 (Signature)
 Title **Agent**
 Send Communications regarding well to:
 Name **Edwin Foster Blair**