

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

Artesia, New Mexico January 31, 1961
(Place) (Date)

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

Robert G. Hanagan Mobil-State, Well No. 1-16, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)
H, Sec. 16, T. 17-S, R. 31-E, NMPM, Grayburg-Jackson Pool
Unit Letter

Eddy

Please indicate location:

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

County. Date Spudded 10/7/60 Date Drilling Completed 10/23/60
Elevation 3870 Total Depth 3738 PBD 3529

Top Oil/Gas Pay 3228 Name of Prod. Form. Grayburg-San Andres

PRODUCING INTERVAL - 3228-37, 3266-71, 3284-87, 3293-3303, 3362-67,
3383-93, 3397-3405, 3475-81, 3486-94, 3497-3505

Perforations
Open Hole None Depth Casing Shoe 3733' Depth Tubing 3122'

OIL WELL TEST -

Natural Prod. Test: 0 bbls.oil, bbls water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 36 bbls.oil, 4 bbls water in 24 hrs, min. Size none (intermittent)

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): Acid 1625 Gals; 100,000 Gals. water; 73,000# frac. sand

Casing Tubing Date first new Press. 380# open oil run to tanks 1/30/61

Oil Transporter Texas New Mexico Pipeline Company

Gas Transporter

Remarks:

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

Approved JAN 31 1961, 19

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title OIL AND GAS INSPECTOR

By: Robert G. Hanagan
(Company or Operator) Operator (Signature)

Title Send Communications regarding well to:

Name Robert G. Hanagan

Address Box 259, Artesia, New Mexico

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. Copies Received <u>4</u>		
DISTRIBUTION		
	NO. FURNISHED	
OPERATOR	<u>1</u>	
SANTA FE	<u>1</u>	
PRORATION OFFICE	<u>1</u>	
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE	<u>1</u>	<input checked="" type="checkbox"/>
BUREAU OF MINES		