

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Midland, Texas

June 5, 1962

(Place)

(Date)

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

Hill & Meeker

(Company or Operator)

Santa Fe #22, Well No. 1

(Lease)

in NW $\frac{1}{4}$ NE $\frac{1}{4}$

B, Sec. 22, T. 10-S, R. 36-E, NMPM., South Crossroads (Dev.) Pool

Unit Letter

Lea

County. Date Spudded 4/8/62

Date Drilling Completed 5/29/62

Please indicate location:

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

Elevation 4022 DF Total Depth 12,260 FBTD

Top Oil/Gas Pay 12,245 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations

Open Hole 12,245 - 12,260 Depth Casing Shoe 12,245 Depth Tubing 12,145

OIL WELL TEST -

Natural Prod. Test: 320 bbls. oil, No bbls water in 24 hrs, 0 min. Size 10/64"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	S&S
<u>13 3/8</u>	<u>340</u>	<u>350</u>
<u>8 5/8</u>	<u>4196</u>	<u>300</u>
<u>5 1/2</u>	<u>12,245</u>	<u>550</u>
<u>2 3/8</u>	<u>12,145</u>	

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): None

Casing Press. Pkr Tubing Press. 850 Date first new oil run to tanks 6/1/62

Oil Transporter The Permian Corp.

Gas Transporter None

Remarks:

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

Approved _____, 19____

HILL & MEEKER

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

(Signature)

Title Production Clerk

Send Communications regarding well to:

Name Hill & Meeker

Address 519 Midland Savings Bldg.
Midland, Texas