

NEW MEXICO OIL CONSERVATION COMMISSION  
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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas, February 16, 1953

(Place)

(Date)

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

The Texas Company - State of New Mexico "AR" Well No. 2, in NW 1/4 SW 1/4,

(Company or Operator)

(Lease)

L, Sec. 2, T. 11-S, R. 37-E, NMPM, Echol (Devonian) Pool

(Unit)

Lea County. Date Spudded 11-13-52, Date Completed 2-9-53

Please indicate location:

Fractional Sec. 2 59 acres			
X			

Elevation 3953 (DF) Total Depth 11,698, P.B. 11,695

Top oil/gas pay 11,280 Top of Prod. Form ---

Casing Perforations: 11650'-11695' or

Depth to Casing shoe of Prod. String 11,697

Natural Prod. Test No test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot 827.60 BOPD

Based on 413.80 bbls. Oil in 12 Hrs. --- Mins.

Gas Well Potential ---

Size choke in inches 18/64"

Date first oil run to tanks or gas to Transmission system: 2-9-53

Transporter taking Oil or Gas: Service Pipe Line Company

## Casing and Cementing Record

Size Feet Sax

13 3/8	237	400
8 5/8	4227	2500
5 1/2	11686	450

Remarks:

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

Approved 2-18-53, 1953

The Texas Company

(Company or Operator)

By: [Signature]

(Signature)

Title Asst. Dist. Supt.

Send Communications regarding well to:

Name The Texas Company

Address Box 1270, Midland, Texas

OIL CONSERVATION COMMISSION

By: [Signature]

Title