

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SALE OFFICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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 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.

MIDLAND, TEXAS

MARCH 8, 1963

(Place)

(Date)

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

T.P. HODGE

HUMBLE STATE

, Well No. 3, in 5W 1/4 NW 1/4,

(Company or Operator)

(Lease)

E 26

T 10-S

R 33-E

SOUTHLANE PENN

Pool

Unit Letter

LEA

County. Date Spudded 1-5-63

Date Drilling Completed 2-11-63

Elevation 4195 GL

Total Depth 9820

PBD 9788

Top Oil/Gas Pay 9749

Name of Prod. Form. ROUGH-C

PRODUCING INTERVAL -

Perforations 9751-53

Open Hole Depth 9820

Depth

Tubing

OIL WELL TEST -

Natural Prod. Test: 0 bbls. oil, 0 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) 209.88 bbls. oil, 186.86 bbls water in 20 hrs, min. Size 3/4 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 Tubing Date first new Press. 75 Press. 1600 oil run to tanks MARCH 5, 1963

Oil Transporter WARREN PETROLEUM CO.

Gas Transporter

Remarks: SARGENT HYDRAULIC CASING PUMP

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

Approved, 19.

OIL CONSERVATION COMMISSION

By:

Title

(Company or Operator)

H.S. WRIGHT

By: SUPERINTENDENT

Title: Send Communication regarding well to:

Name: 283 WAYNICK & WELCH BLDG. MIDLAND, TEX

Address: