| DI:         | TRIBUTIC | N |  |
|-------------|----------|---|--|
| SANTA FE    |          |   |  |
| FILE        |          |   |  |
| U.S.G.S.    |          |   |  |
| LAND OFFICE |          |   |  |
| TRANSPORTER | 011      |   |  |
|             | GAS      |   |  |
| PROMATIONS  | CE       |   |  |
| OFFRATOR    |          |   |  |

## NE MEXICO OIL CONSERVATION **OMMISSION** (Form C-104) Revised 7/1/57 Santa Fe. New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

1160 38 OFFICE OCC New Weil Recompletion

This form shall be submitted by the operator before an initial allowable will measured to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form O 1017 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.

| (Place<br>WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WEL<br><b>T. F. Hodge</b><br>Humble State "A", We | · · · · · · · · · · · · · · · · · · ·  |
|---|--|
|   |  |
|   |  |
| (Company or Operator) (Lease)   | II INO   |
| F   | M., South Lane Penn. Pool  |
| Lea County. Date Spudded 4-24-63  | Date Drilling Completed 5-30-63  |
| Please indicate location: Elevation 4194 GL   | _Total DepthPBTD9759   |
| Top Oil/Gas Pay 9718  | Name of Prod. Form. Perin. Bough C   |
| PRODUCING INTERVAL -  |  |
| Perforations  | 9725-9736  |
| F G H Open Hole None  | Depth<br>Casing Shoe   |
| OIL WELL TEST -   |  |
| K J I Natural Prod. Test: bbls.oil  | Choke<br>L,bbls water inhrs,min. Size  |
|   | t (after recovery of volume of oil equal to volume of  |
|   | 81 bbls water in24 hrs,min. Size 3/4   |
|   |  |
| GAS WELL TEST -   |  |
| (FODTAGE)   | _MCF/Day; Hours flowedChoke Size   |
|   | are, etc.):  |
| Test After Acid or Fracture Treatment   | MCF/Day; Hours flowed  |
| -3/8 334 350 Choke SizeMethod cf Testing  | 31   |
| Acid or Fracture Treatment (Give amou   | ints of materials used, such as acid, water, oil, and  |
| -5/8 5988 500 <u>sand):</u>   |  |
| -1/2 9830 500 Casing 250# Tubing 1800# Date Press. 1800# Date   | run to tanks July 17, 1963   |
|   | Pipe Line Co.  |
|   | Petroleum Co.  |
| marks: Hydraulic casing pump.   |  |
| marks   |  |
|   |  |
| I hereby certify that the information given above is true and comp                                      | slete to the best of my knowledge.   |
|   | r. F. Hodge  |
| proved, 19  | (Company or Operator)  |
| OIL CONSERVATION COMMISSION By  | 1) & Unight  |
| OIL CONSERVATION COMMISSION D) CAME   | (Signature)  |
|   |  |
| Call Title  | Superintendent   |
|   | Send Communications regarding well to:   |
|   | Superincendent<br>Send Communications regarding well to:<br>T. F. Hodge<br>203 Waynick & Welch Bldg.<br>Midland, Texas |