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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

(Form C-104) Revised 7/1/5?

REQUEST FOR (OIL) - (GAS) ALLOWARLE

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.

J	Company or Op	erator) 26	Humble State A , Well No. 2 , in NW 1/4 SE 1/4 (Lease) , T -10-S , R -33-E , NMPM., South Lane Penn. Poo
Unit	Letter	ea	County Date Spudded July 31, 1963 Date Drilling Completed Sept. 2, 19
PI	ease indicate l		Elevation 4198 G.L. Total Depth 9811 PBTD 9741
D	C B	A	Top Oil/Gas Pay 9670 Name of Prod. Form. Penn. Bough C PRODUCING INTERVAL
			Perforations 9677 to 9681
E	F G	H	Open Hole — Depth Casing Shoe 9803 Tubing 9706
L	K J	I	OIL WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil agual to volume of
М	N O	P	load oil used): 336 bbls,oil, 43 bbls water in 24 hrs, min. Size 19
T EE	& 1980°		GAS NELL TEST -
	(FOOTAGE)		Natural Prod. Test: MCF/Day; Hours flowed Choke Size
Tubing ,(Sire	Casing and Ceme	nting Recor	
			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
13-3/	/8 325	350	Chcke Size Method of Testing:
8-5/8	3 4002	500	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gal. 15% acid
4-1/2	9792	500	Casing Pkr. Tubing 520 Date first new oil run to tanks September 7, 1963
2-3/8	9696	None	Oil Transporter Service Pipe Line Co.
- 3/	3030	10116	Gas Transporter Warren Petroleum Co.
Remarks	:	••••	
I he	reby certify th	at the info	ormation given above is true and complete to the best of my knowledge.
			19 T. F. Hodge
	1.		(Company or Operator)
Approved			al tauthan
Approved		RVATION	COMMISSION By Joef Sauthain (Signature)
Approved		RVATION	Title Assis tant Superintendent
Approved		RVATION	(Signature)