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NEW MEXICO OIL CONSERVATION COMMISSION

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

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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

October 7, 1963

(Place)

(Date)

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

Hisson Drilling Company

Midwest State

Well No. 1, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B

Sec 14

T

10 S

R

33 E

NMPM, Undes. (Middle Lane-Penn)

Pool

Unit Letter

Lea

County Date Spudded 7/29/63

Date Drilling Completed 9/27/63

Please indicate location:

Elevation 4219.5 KB

Total Depth 9886 PBTD 9865

Top Oil/Gas Pay 9706

Name of Prod. Form. Penn

PRODUCING INTERVAL -

Perforations 9706-09 with 2 JSPF

Open Hole

Depth 9865 Casing Shoe 9720

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 148 bbls. oil, no bbls. water in 12 hrs, no min. Choke Size 14/64

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): 500 gallons mud acid.

Casing Press. _____ Tubing Press. 4900 Date first new oil run to tanks 10/6/63

Oil Transporter Indiana Oil Purchasing company

Gas Transporter None

Remarks:

See attachment for deviation surveys.

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

Approved _____, 19 _____

Hisson Drilling Company

(Company or Operator)

By: _____

(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title _____

Title Agent

Send Communications regarding well to:

Name Hisson Drilling Company

% OIL REPORTS & GAS SERVICES

Address BOX 763 HOBBS, NEW MEXICO