

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 QUADRUPPLICATE 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 (592) form at 60° Fahrenheit.

Hobbs, New Mexico

12-24-64

(Place)

(Date)

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

Cities Service Oil Company

State BN

Well No. 4

in SE

1/4

SW

1/4

(Company or Operator)

(Lease)

N

Sec. 14

T. 10S

R. 32E

NMPM

Mescalero San Andres

Pool

Unit Letter

Lea

County

Date Spudded 11-23-64

Date Drilling Completed 12-8-64

Elevation

Total Depth 4533

PBTD

4445

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 4096

Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 7 holes/4382-4441' and 8 holes/4096-4163'

Open Hole

Depth

Depth

Casing Shoe 4533

Tubing 4170

OIL WELL TEST -

Natural Prod. Tests _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used) 232.5 _____ bbls. oil, 19.5 _____ bbls. water in' 24 _____ hrs, 0 _____ min. Size Swab

24 hr. rated

GAS WELL TEST

Natural Prod. Tests _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>7 5/8"</u>	<u>1685</u>	<u>700</u>
<u>4 1/2"</u>	<u>4531</u>	<u>250</u>
<u>2 3/8"</u>	<u>4170</u>	<u>-</u>

Method of Testing (pilot, 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): Acidized interval 4096-4163 & 4382-4441 w/2000 gal. each

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 12-22-64

Oil Transporter Cities Service Oil Company - Trucks

Gas Transporter None

Remarks: Sand oil fraced perf. 4382-4441 w/10,000 gal. lease crude & 10,000# sand
max. press. 7100 PSI, min press 6300 PSI, rate 77 B/M. Perf. 4096-4163
fraced w/10,000 gal lse crude & 10,000# sand, max press 5600 PSI, min.
press. 5100 PSI, rate 7.6 B/M.

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

Approved: _____ 19 _____

Cities Service Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____

District Clerk

Send Communications regarding well to:

Title _____

Mr. E. Y. Wilder

Address. Box 69, Hobbs, New Mexico