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	GAS
PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR OIL - (GAS) ALLOWABLE

New Well
Recompletion

SEP 22 11 30 AM '64

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

9-21-64

(Place)

(Date)

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

Midwest Oil Corporation State "D", Well No. 1, in SE 1/4, SW 1/4,
(Company or Operator) (Lease)

N, Sec. 11, T. 10-S, R. 33-E, NMPM. Undesignated Pool
Unit Letter

Lea

County. Date Spudded 4-23-64 Date Drilling Completed 6-21-64

Please indicate location:

Elevation 4210' GL Total Depth 9750 FBTD 9719

Top Oil/Gas Pay 9616 Name of Prod. Form. Lower Wolfcamp

PRODUCING INTERVAL -

Perforations 9616'-20'

Open Hole Depth 9749 Casing Shoe 9749 Depth 9527 Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, 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). 150 bbls. oil, 345 bbls. water in 24 hrs, -- min. Size 2" Choke

GAS WELL TEST - GOR - 1460

Natural Prod. Test: MCF/Day: Hours flowed Choke Size

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):

Casing: 5 1/2" 9749 265
Preps: 9-12-64

Oil Transporter: McWood Corporation

Gas Transporter:

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	357	400
8 5/8"	4019	450
5 1/2"	9749	265
2 3/8"	9527	---

Remarks: Recompleted well in Lower Wolfcamp

See Form C-103

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

Approved: _____

Midwest Oil Corporation
(Company or Operator)

E: *W. E. Hutter*
(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title: District Clerk
Send Communications regarding well to:

Title: _____

Name: Midwest Oil Corporation