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	GAS	
PRODUCTION OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR ~~XXXX~~ - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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

10-28-64

(Place)

(Date)

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

TEXAS PACIFIC OIL COMPANY T.P. State 1, Well No. 1, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,

(Company or Operator)

(Lease)

A

Sec 6

T 10-S

R 37-E

NMPM,

Wildcat

Pool

Unit Letter

Lea

County. Date Spudded. 9-14-64

Date Drilling Completed 9-29-64

Elevation 3980.3 G.L.

Total Depth 4975 PBTB

Top Oil/Gas Pay 4870

Name of Prod. Form. San Andres

PRODUCING INTERVAL - 4870-4874-4879-4884 & 4895

4906-4909-4912-4916 & 4919

Perforations

Open Hole

-

Depth

Casing Shoe

4975

Depth

Tubing

4914

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of _____ Choke

load oil used): _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Size _____

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: 1550 MCF/Day; Hours flowed 6

Choke Size Various Method of Testing: Back Pressure Test

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Acidize w/3000 gals LTNE & Acidized w/3000 gal NE

Penn/

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Sinclair Oil & Gas

Remarks: Deviations on back.....

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

Approved: _____, 19____

TEXAS PACIFIC OIL COMPANY

(Company or Operator)

By: _____

(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title _____

Title District Engineer

Send Communications regarding well to:

Name TEXAS PACIFIC OIL COMPANY


P. O. Box 1069

Address Hobbs, New Mexico

DEVIATIONS


<u>Footage</u>	<u>Degree</u>
401	3/4
1324	1 1/4
1790	3/4
2239	3/4
2298	1/2
2788	3/4
3812	1
4004	1 1/4
4171	1/2
4339	1
4505	3/4
4665	3/4
4767	3/4

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



John H. Hendrix
District Engineer

SUBSCRIBED AND SWORN TO BEFORE ME THIS 2nd day of November 1964.



Notary Public
County of Lea
State of New Mexico

My Commission Expires August 15, 1965.