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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.

MALJAMAR, N.MEX.

6.20.63

(Place)

(Date)

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

L. LEONARD NICHOLS W.B. TRIMBLE "O" Well No. 8, in SW 1/4 SE 1/4,
(Company or Operator) (Lease)

0 Unit Letter, Sec. 11, T. 17, R. 32, NMPM, MALJAMAR Pool

County. Date Spudded 4.30.63 Date Drilling Completed 5.7.63

Elevation 4107 Total Depth 4150 PBTB

Top Oil/Gas Pay 3965 Name of Prod. Form. GRAYBURG

PRODUCING INTERVAL -

Perforations 3965-74. 4086-93. 4096-4100. EXHIBIT 4104-14.

Open Hole Depth 4150 Casing Shoe 4150 Depth 4072 Tubing

OIL WELL TEST -

Natural Prod. Test: NO 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): 68 bbls. oil, _____ bbls water in 24 hrs, _____ min. Choke Size 2

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): 20000 GAL. REFINED OIL 40000 LBS. SAND

Casing NO Tubing NO Date first new oil run to tanks MAY 15. 1963
Press. _____

Oil Transporter TEXAS & NEW MEXICO PIPE LINE COMPANY

Gas Transporter NOT CONNECTED

Remarks:

THIS IS A SWABBING TEST ON THIS WELL. IT WILL BE A PUMPING WELL. THIS WELL IS A OFF SET TO INJECTION WELL IN UNIT J IN SEC. 11-T 17- R 32

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

Approved _____, 19_____

LEONARD NICHOLS

(Company or Operator)

By: O.L. McCutcheon

(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title: _____

Title: SUPV.

Send Communications regarding well to:

Name: LEONARD NICHOLS

Address: MALJAMAR, NEW MEXICO

DEVIATIONS ON W.B. TREMBLE "O" WELL NO 5 8

1-- 1071 - 1 1/2 °
2-- 1480 --- 1 1/2 °
3-- 1982 -- 1 °
4 --2380 -- 1 1/2 °
5 --2898 -- 1 °
6 --3302 -- 1 °
7 --3610 -- 1 3/4 °
8 - 4019 - 1 3/4 °
9 - 4180 - 1 1/2 °

BY O.L. MCCUTCHEON

O.L. McCutcheon

County of Lea
State of New Mexico

One this 20th day of May, 1963 personally appeared before me
O. L. McCutcheon ~~notary~~.

Notary Public in and for Lea Co. New Mexico

Lena L. Wilson

My Commission expires July 16, 1966