

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR ~~WELL~~ - (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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)

June 14, 1956
(Date)

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

Cities Service Oil Company

State "NM"

Well No. 5

SW 1/4 S.W. 1/4

(Company or Operator)

(Lease)

M

Sec. 2

T. 22-S

R. 36-E

NMPM

Summit Gas

Pool

(Unit)

Lea

County Date Spudded. 5-10-56

Date Completed. 6-5-56

Please indicate location:

Elevation. 3560' (OF) Total Depth. 3515' P.B. --

Top oil/gas pay. 3115 Name of Prod Form. Yates

Casing Perforations: -- or

Depth to Casing shoe of Prod. String. 3034'

Natural Prod. Test. -- BOPD

based on -- bbls. Oil in -- Hrs. -- Mins.

Test after acid or shot. -- BOPD

Based on -- bbls. Oil in -- Hrs. -- Mins.

Gas Well Potential. 2473 MCF gas/day, FTP 450#, FCP 550#

Size choke in inches. 31/64"

Potential was taken
Date first oil run to tanks or gas to transmission system. 6-5-56

Transporter taking Oil or Gas: Transporter has not been designated to-date.

Casing and Cementing Record

Size	Feet	Sax
8 5/8"	1504.47'	*
5 1/2"	3026.90'	**

Remarks: * 175 sacks incor; 71 sacks neat; 533 cu.ft. diacel D; 5 sacks calcium chloride, plus 400 sacks neat.
** 250 sacks, 4% gel; 200 sacks neat.

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

Approved: _____, 1956

Cities Service Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: *R. F. Montgomery*

Title: District Superintendent

Title: MANAGER

Send Communications regarding well to:

Name: Geo. N. Geyer

Address: Box 97, Hobbs, New Mexico