

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

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 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 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 in SW 1/4 SW 1/4

(Company or Operator)

(Lease)

M Sec. 2 T. 22-S R. 36-E NMPM Sunont 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
** 250 sacks, 4% gel; 200 sacks neat. 400 sacks neat.

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: *R. F. Montgomery*

Title District Superintendent

Title MANAGER

Send Communications regarding well to:

Name Geo. M. Geyer

Address Box 97, Hobbs, New Mexico