NEW ...EXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



REQUEST FOR (OIL) - (GAS) ALLOWABLE

JUL 2 6 105 Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil Control.

Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-104 years empty line 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				HOODS, NEW MEXICO		July 18, 195
_				(Place)		(Date)
ARE	HEREBY	REQUESTI Ml Compan	NG AN ALLOWABLE FO	OR A WELL KN	IOWN AS:	
	Compeny	Operatory	State U	, Well No	, ir	NE 1/4 MB
A'	ompany or	Sec 9	, T, R	29 NACDA (Cave)	_
V	-					
Ed	Q Y		County. Date Spudded	7-1-57	Date Drilling	Completed 7-12-57
Please indicate location:			County. Date Spudded Elevation Top Oil/Gas Pay 2418	Total	Depth 2470	PBTD
			Top Oil/Gas Pay 2418	Name	of Prod. Form.	Grayburg
D	C	~ ~	PRODUCING INTERVAL -	***************************************		
		X		b. .		
	F	G H	Perforations 2418-34	Depth		Depth
_			Open Hole	Casin	g Shoe 2469	Tubing
			OIL WELL TEST -			
-	K	JII		A bhis at a	No bble	n 24 hrs, 0 min. Size
\vdash	N-	0 P				me of oil equal to volume o
	•"	<u> </u>	load oil used):	bbls.oil,	bbls water in	hrs, min. Size
		1 1	GAS WELL TEST -			
	 ··			MCF/D	ay; Hours flowed _	Choke Size
	_	dementing Recor	Method of Testing (pitot,	back pressure, et	c.):	
Size Feet Sax		Sax	Test After Acid or Fractu	re Treatment:	MC	F/Day; Hours flowed
7 5/	/8 75	5 350	Choke SizeMetho	d of Testing:		
		7 330				
4 1/	/2 246	9 75	Acid or Fracture Treatment	t (Give amounts of	materials used, s	uch as acid, water, oil, and
	1		sand):	···		
			Casing Tubing Press. Press.	Date first oil run to	new 7-18-5	57
	1		Oil Transporter Con	tinental Pipe	Line Compan	٧
		į.				
			Gas Transporter			
narks:	••••••		**************************************			***************************************
••••••				************	~~~~~	***************************************
				·····		*************************************
I hen	eby certify	that the info	rmation given above is true	e and complete to	the best of my kn	owledge.
			7, 19	A	inental Oil	
"vvcu.	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠	∩ #··-₹Ю··-₁⊴ৣঢ়	J 17	مدناه	(Company or wat: J. P. McCOF	
_	NI COM	entra etore	COMMISSION	P		UMICK
ر سر	DIL CONS	EKVATION	COMMISSION	Ву:	(Signati	ire)
	クトノ	2 -	1	Dist	rict Chief C	
ll.f	/ X L	anns.	wy y	1 ITIE		regarding well to:
e	QIL AND	BAS INSPECTO				_
F 4000000				Name Cont	inental Oil	Company
				Box .	427, Hobbs, 1	New Mexico
					, . , , , , , , , , , , , , , , , , , ,	

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