

APR 19 1960

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

O. C. C.

Completion

ARTESIA, OFFICE

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

4-18-60

(Place)

(Date)

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

Humble Oil & Refining Co. Abo Chalk Bluff Draw

Well No. 5, in SE 1/4 SW 1/4,

(Company or Operator)

(Lease)

N

Sec. 4

T-18-S

R. 27-E

NMPM.

Empire Abo

Date Well Completed 4-15-60 Pool

Unit Letter

Eddy

County. Date Spudded 3-21-60

Date Drilling Completed 4-12-60

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N X	O	P

430 SL - 2310 WL

Elevation 3573 DF

Total Depth 5635 FBT 5601

Top Oil/Gas Pay 5560

Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 5560 - 5584

Open Hole

Depth Casing Shoe 5634 Depth Tubing 5188

OIL WELL TEST -

Natural Prod. Test: - 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) 103 bbls. oil, - bbls. water in 17 hrs., 15 min. Choke Size 12/64

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 Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 10,000 gas 15% HCL acid

Casing Press. pkr Tubing Press. 690 Date first new oil run to tanks 4-15-60

Oil Transporter Service Pipe Line Company

Gas Transporter none

Remarks:

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

Approved APR 19 1960, 19.

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title: OIL AND GAS INSPECTOR

(Company or Operator)

By: [Signature]
(Signature)Title: Agent
Send communications regarding well to:

Name: Humble Oil & Refining Company

Address: Box 2347, Hobbs, N.M.

6-10-1910
 10-10-1910

OIL CONSERVATION COMMISSION		
ARTISTA DISTRICT OFFICE		
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