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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico
REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECEIVED
 (Form C-104)
 Revised 3/21/57
JAN 25 1961
N.O.C. DISTRICT OFFICE
 Albuquerque

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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico January 23, 1961
 (Place) (Date)

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

Humble Oil & Refining Co., Abo Chalk Bluff Draw Unit 11, in SE 1/4 NE 1/4, Well No. _____, in _____, NMPM, Empire Abo Pool
 (Company or Operator) (Lease)
 T. -18-S, R. -27-E, Date Well Completed 1-21-61
 Unit Letter Sec. 17, County Date Spudded 12-23-60 Date Drilling Completed 1-17-61
 Body

Please indicate location:

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

Elevation 3457' Total Depth 5638 PBD 5609

Top Oil/Gas Pay 5456 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 5456-5470

Open Hole - Depth Casing Shoe 5637 Depth Tubing 5200

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 Choke load oil used): 130 bbls. oil, - bbls water in 13 hrs, _____ min. Choke Size 14/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	1506	800
4 1/2	5626	850
3/8	5188	-

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): 4000 gals 15% HCL acid

Casing Press. pkr Tubing Press. 520 Date first new oil run to tanks 1-20-61

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: JAN 25 1961, 19 _____ Humble Oil & Refining Company
 (Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ Title: Agent
 _____ (Signature)
 Name: Send Communications regarding well to:
 Humble Oil & Refining Company
 Address: Box 2347, Hobbs, New Mexico