

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

## REQUEST FOR (OIL) - (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

June 12, 1957

(Place)

(Date)

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

D. D. Thomas

Humble State 811539

Well No. 1

in 1/4 1/4

(Company or Operator)

(Lease)

6

9

T. 18S

R. 25E

NMPM,

Artesia

Pool

(Unit)

Edoy

County. Date Spudded. **workover**Date Completed. **4-21-57**

Please indicate location:

		0	

Elevation..... Total Depth. **2,424** P.B.....Top oil/gas pay. **2,342** Name of Prod. Form. **Premier**Casing Perforations: **2,342-54** **2,391-2,424** orDepth to Casing shoe of Prod. String. **2,378**Natural Prod. Test. **56 after fracturing** BOPDbased on. **56** bbls. Oil in. **24** Hrs. Mins.

Test after acid or shot..... BOPD

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

Gas Well Potential. **None**Size choke in inches. **pumping well**Date first oil run to tanks or gas to Transmission system: **May 1, 1957**Transporter taking Oil or Gas: **Valco Refineries, Inc.**

## Casing and Cementing Record

Size Feet Sax

8-5/8"	620	50
7"	2,378	100

Remarks: **This is an old well that was recompleted after producing approximately 24 months.**

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

Approved....., 19.....

D. D. Thomas

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Era Matthews**

(Signature)

By: .....

Title.....

Send Communications regarding well to:

Title.....

Name. **D. D. Thomas**Address. **P. O. Box 2646, Hobbs, N. Mex.**