

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 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.

OW DD

Hobbs, New Mexico
(Place)

October 1, 1957
(Date)

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

Stinclair Oil & Gas Company Max. Fries SP, Well No. 1, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)

B, Sec. 30, T. 17, R. 31, NMPM., Premier - Undesignated Pool
Unit Letter

Eddy

County. Date Spudded 9-5-57 Date Drilling Completed 9-22-57

Please indicate location:

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

Elevation 3581 Total Depth 3439 PBTD

Top Oil/Gas Pay 3236 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations

Open Hole 2830-3439 Depth Casing Shoe 2830 Depth Tubing 3410

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 100 bbls. oil, 0 bbls water in 10 hrs, min. Size 20/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
5 1/2"	2830	100
2 1/2"	3410	

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): 30,000 gal oil and 30,000# sand.

Casing Tubing Date first new

Press. 1000# Press. oil run to tanks 10-1-57

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter

Remarks:

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

Approved OCT 4 1957, 19 Stinclair Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: C. G. Salter
(Signature)

Title W. A. Gressett District Supt.

Send Communications regarding well to:

Title M/L AND GAS INSPECTOR

Name C. G. Salter

Address Hobbs, New Mexico

Orig. & 3cc:OGG
cc:FM, HFD, File

OIL CONSERVATION COMMISSION
ARTESIA DISTRICT OFFICE

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