

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

LOVINGTON, NEW MEXICO FEBRUARY 5, 1964  
(Place) (Date)

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

SOUTHWESTERN, INC. CEM FEDERAL, Well No. 3, in SE 1/4 NE 1/4,  
(Company or Operator) (Lease)

H Sec. 29 T. 19S R. 31E NMPM., N. HACKBERRY Und Pool  
Unit Letter

EDDY

Please indicate location:

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

1650' N - 990' E

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	706	150
4 1/2	2320	150

County. Date Spudded 12/7/63 Date Drilling Completed 12/31/63  
Elevation 3481 G. L. Total Depth 2322 FBTD -

Top Oil/Gas Pay 2167 Name of Prod. Form. YATES

PRODUCING INTERVAL -

Perforations 2167 to 2179 4 Shots per foot

Open Hole No Depth Casing Shoe 2320 Depth Tubing 2185

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 load oil used): 36 bbls. oil, - bbls. water in 24 hrs, - min. Size pumping

GAS WELL TEST -

Natural Prod. Test: none 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 or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 60,000# 20/40 700 bbl oil

Casing Tubing Date first new February 4, 1964  
Press. oil run to tanks

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter TSTM

Remarks:

RECEIVED

FEB 10 1964

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

Approved FEB 10 1964, 19

SOUTHWESTERN, INC.

(Company or Operator)

By: Frank C. Beard

(Signature)

Title: SECRETARY  
Send Communications regarding well to

Name: SOUTHWESTERN, INC.

Address: BOX 1116 LOVINGTON, N.M.

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

Title: OIL AND GAS INSPECTOR

RECEIVED

OIL CONSERVATION COMMISSION	
ARTESIA DISTRICT OFFICE	
No. Copies Received	6
DATE RECEIVED	
FILE NO.	
REGIONAL	3
STATE	1
REGIONAL OFFICE	1
STATE LAND OFFICE	
U.S. GEO.	
LAND OFFICE	
FILE	1
BUREAU OF MINES	