

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

FEB 26 1962

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.

Brushy Draw

February 22, 1961

(Place)

(Date)

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

Curtis Hankamer

Gulf Federal

B

Well No. **4-5**

SW

SW

(Company or Operator)

(Lease)

Unit Letter **N**, Sec. **13**, T. **26N**, R. **29E**, NMPM., **Brushy Draw - Delaware** Pool

Please indicate location:

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

660' fr WL 660' fr. SL

Tubing, Casing and Cementing Record

Size	Feet	Sax
6-5/8	319	75 SE 1/4 Sec 13
4-1/2	3265	130 SE Permian
2	3151	2-3 Packer

County. **1/22/62** Date Spudded **1/22/62** Date Drilling Completed **2/1/62**
Elevation **2954.5 ft** Total Depth **3275** PBD **3223**
Top Oil/Gas Pay **3130** Name of Prod. Form. **Delaware Sand**

PRODUCING INTERVAL -

Perforations **Notched casing @ 3172 and 3177**

Open Hole _____ Depth **3265** Depth **3151**
Casing Shoe _____ Tubing _____

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **38** bbls. oil, **25** bbls water in **2 1/2** hrs, _____ min. Size **8/64**

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: _____ **SCURLOCK PERMIAN CORP EFF 9-1-91**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **250 gals 15% HCl acid, 1000 gals refined oil, 1000# 20-40 sand.**

Casing _____ Tubing **3204** Date first new **2/19/62**
Press. **Sealed** Press. _____ oil run to tanks

Oil Transporter **Permian Corporation** **Permian (EFF 9 / 1 / 87)**

Gas Transporter _____

Remarks: _____

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

Approved: **FEB 26 1962**, 19____

CURTIS HANKAMER

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

By: **Phil Hankamer** (Signature)

Title **Engineer**

Send Communications regarding well to:

Curtis Hankamer

Title **OIL AND GAS INSPECTOR**

Name _____

Address **1422 Bank of the Southwest Bldg. Houston 2, Texas**

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COMMISSION	
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