

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (Oil) - (GAS) ALLOWABLE

Name 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.

Hobbs, New Mexico

January 19, 1959

(Place)

(Date)

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

Magnolia Petroleum Company

Jicarilla "B"

, Well No. 5 UT-PC, in. NE $\frac{1}{4}$ NE $\frac{1}{4}$,

(Company or Operator)

(Lease)

A
Unit Letter

Sec. 20

T. 26N

R. 3W

NMPM,

Tapacito Pictured Cliffs

Pool

Rio Arriba

County. Date Spudded 10-4-57

Date Drilling Completed 10-20-57

Please indicate location:

Elevation 7253

Total Depth 6360

PBTD 6327

Top ~~Oil~~ Gas Pay 3945

Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3945-3997

Open Hole -

Depth -

Casing Shoe 6360

Depth -

Tubing 3988

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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: 1655 MCF/Day; Hours flowed 3 hrs.

Choke Size 3/4" Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 26,000 gal water & 26,000 # sand

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 1200 oil run to tanks _____

Oil Transporter _____

Gas Transporter Pacific Northwest Pipe Line Corporation

Remarks: Well worked over to lower tubing - no change in producing interval.
Workover completed 10-8-58.

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved JAN 22 1959, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Magnolia Petroleum Company

(Company or Operator)

By: Lee E. Robinson, Jr.
(Signature)

Title District Gas Superintendent

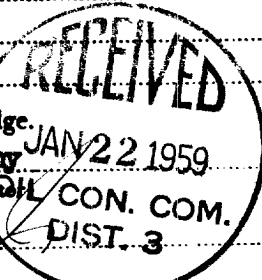
Send Communications regarding well to:

Name Magnolia Petroleum Company

Box 2406

Address Hobbs, New Mexico

Attn: Mr. Lee E. Robinson, Jr.



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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