

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

## 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.

**Midland, Texas**

**10-9-59**

(Place)

(Date)

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

**Permian Oil Company**

**Knight**

, Well No. **1**, in **NE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**A**, Sec. **5**, T. **30 N**, R. **13 W**, NMPM, **Wildcat** Pool

Unit Letter

**San Juan**

County. Date Spudded **8-21-59**

Date Drilling Completed **9-17-59**

Please indicate location:

Elevation **5512** Total Depth **6300** FBTD **6232**

Top Oil/Gas Pay **6034** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6034-90, 6114-40 & 6220-32**

Open Hole **None** Depth **6297** Depth Casing Shoe **6035**

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): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

Natural Prod. Test: **TSTM** MCF/Day; Hours flowed **4** Choke Size **2"**

Tubing, Casing and Cementing Record

Method of Testing (pitot, back pressure, etc.): **Back Press**

Test After Acid or Fracture Treatment: **4,821** MCF/Day; Hours flowed **3**

Choke Size **3/4** Method of Testing: **Form C-122**

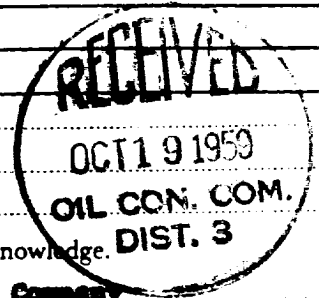
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **100,000 gal. water with 1# sand per gallon**

Casing Press. **2500** Tubing Press. **None** Date first new oil run to tanks **-**

Oil Transporter \_\_\_\_\_

Gas Transporter **Unknown**

Remarks: \_\_\_\_\_



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

Approved **OCT 19 1959**, 19 \_\_\_\_\_ **Permian Oil Company**

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **AB** (Signature)

**Engineer**

Send Communications regarding well to:

By: **Original Signed Emery C. Arnold**

Name **Permian Oil Company**

Title **Supervisor Dist. # 3**

Address **1223 Petroleum Life Bldg. Midland, Texas**

**OIL CONSERVATION COMMISSION**  
**AZTEC DISTRICT OFFICE**

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