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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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.

Hobbs, New Mexico

March 20, 1964

(Place)

(Date)

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

NW

SW

Well No. _____, in _____, _____, _____

Company or Operator

178

(1552)

Undesignated

Pool

Sec

T

R. _____, NMPM, _____

Unit Letter

Lea

12-7-63

Date Drilling Completed

1-22-64

County Date Spudded

Elevation

7955

Total Depth

10500

PBTD

10299

Please indicate location:

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

2130' FBL, 660' FWL

Top Oil/Gas Pay

Name of Prod. Form.

PRODUCING INTERVAL -

9162 - 9300

Perforations

Open Hole

Depth

Depth

9124'

Casing Shoe

Tubing

OIL WELL TEST -

None prior to acid treatment

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

297

0

24

0

Choke 2 1/4" 64"

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

GAS WELL TEST -

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

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	337	350
9-5/8	4773	762
7	10500	1110

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 (with _____ gallons _____ acid, water, oil, and sand):

Acidized with 5000 gallons CRA 15% acid

Casing Press. _____ Tubing Press. 4500 Date first new oil run to tanks 2/11/64

Oil Transporter The Permian Corp.

Gas Transporter Phillips Petroleum Co.

Remarks:

*Triple Case Well
Flow after 3/18/64
N. Macmillan
74.98 acres*

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

Approved _____, 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *W. Kerstein*
Office Manager (Signature)

Title _____
Name _____

Box 2130 - Hobbs, New Mexico