

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SAN. A. FE.	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Santa Fe, New Mexico

Revised 7/1/57

RECEIVED

REQUEST FOR (OIL) - (GAS) ALLOWABLE

SEP 20 1961

New Well
Recompletion

O. C. C.

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, N.M.

9-18-61

(Place)

(Date)

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

Humble Oil & Refining Co.

Well No. 26 in NE 1/4 SW 1/4

(Company or Operator)

K

Sec. 17

T. 18-S

(Lease)

27-E

R

NMPM

Empire Abo

Pool

Unit Letter

Eddy

County. Date Spudded 7-17-61

Date Well Completed 9-16-61

Date Drilling Completed 8-9-61

Elevation 3404

Total Depth

FBTD

5531

Please indicate location:

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

2310' fr SL - 2310' fr WL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	1487	1200
4 1/2	5540	850
2-3/8	5280	-

Top Oil/Gas Pay

5468

Name of Prod. Form.

Abo

PRODUCING INTERVAL -

Perforations 5468-5473, 5486-5500, 5518-5522

Open Hole

Depth

Casing Shoe

Depth

Tubing

CIL 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): 35 bbls. oil, 55 bbls. water in 24 hrs, _____ min. Size _____ Choke

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: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 25,000 gal acid, 50,000 gal slick water, 50,000# sand

Casing _____ Tubing _____ Date first new _____
Press. _____ Pumping _____ Oil run to tanks 9-4-61

Oil Transporter Service Pipe Line Company

Gas Transporter Pan American Petroleum Corporation
Phillips Petroleum Company

Remarks:

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

Approved SEP 20 1961, 19

Humble Oil & Refining Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

(Signature)

By:

M. L. Armstrong

Title

Agent

Send Communications regarding well to:

Name

Humble Oil & Refining Company

Address

Box 2347, Hobbs, N.M.

Title

OIL AND GAS INSPECTOR