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| ATION | | | |
| U.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| PRORATION OFFICE | | | |
| OPERATOR | | | |

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

RECEIVED REQUEST FOR (OIL) - (GAS) ALLOWABLE

JUN 10 1964

JUN 5 3 44 PM '64

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 of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered to the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas

June 2, 1964

(Place)

(Date)

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

Southern New Mexico Oil Corp. **Lusk Deep Unit**, Well No. **8**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)
I **Eddy** **Sec. 24** **T. 19-S** **R. 31-E** **NMPM**, **Lusk Strawn** Pool
Unit Letter

County. Date Spudded **4/26/64** Date Drilling Completed **5/29/64**
Elevation **3551 GR** Total Depth **11,540** PBDT **11,454**
Top Oil/Gas Pay **11,397** Name of Prod. Form. **Strawn**

Please indicate location:

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

PRODUCING INTERVAL -

Perforations **(11397-11403) (11415-11445)**
Open Hole Depth **11,540** Depth Casing Shoe **11,444**

OIL WELL TEST - June 3, 1964

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **131.2** bbls. oil, **0** bbls water in **4** hrs, **0** min. Choke Size **15/64**

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: _____

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

Casing **900** Tubing **1400** Date first new **June 1, 1964**
Press. _____ Press. _____ oil run to tanks

Oil Transporter **The Permian Corp..**

Gas Transporter **Phillips Petroleum Co.**

Remarks: **Well was washed with 1000 gal mud acid. (787 bbls per 24 hrs.) G.O.R. 1900 to 1.**

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

Approved **JUN 10 1964**, 19____

SOUTHERN NEW MEXICO OIL CORP.

(Company or Operator)

O.H. Crews

By: _____ (Signature)

Agent

Title _____

Send Communications regarding well to:
Southern New Mexico Oil Corp.

Box 1659, Midland, Texas
Address _____

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title **Oil and Gas Inspector**