

REQUEST FOR (OIL) - ~~XXXXXX~~ ALLOWABLE~~XXXXXXXXXX~~
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

5-22-62

(Place)

(Date)

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

Cities Service Production Co. State AD, Well No. 2, in NE 1/4, SE 1/4,
(Company or Operator) (Lease)

I, Sec. 22, T 10-S, R 32-E, NMPM, Wildcat Pool
Unit Letter

Lea

Re-entered

Re-entry

County Date ~~XXXXXX~~ 4-13-62 Date ~~XXXXXX~~ Completed 5-7-62

Please indicate location:

Elevation 4341' DF Total Depth 10,491' FRTD 4300'

Top Oil/Gas Pay 4063' Name of Prod. Form Mescalero-San Andres

PRODUCING INTERVAL -

Perforations 4200'-4180'; 4162'-4140'; 4088'-4063'

Open Hole None Depth 8630' Depth Tubing 4210'

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 load oil used): 122 bbls. oil, 34 bbls water in 24 hrs, 0- min. Size Swabbing Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

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): Acidize with 20,000 gallons XLST (2-stage)

Casing Tubing Date first new Press. Pkr. Press. 3000# oil run to tanks May 11, 1962

Oil Transporter Cities Service Petroleum Company - Trucks

Gas Transporter None, Gas TSTM

Remarks:

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

Approved, 19

Cities Service Production Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *George M. Geyer*
(Signature)

By:

Title: District Superintendent

Send Communications regarding well to:

Title:

Name: George M. Geyer

Address: Box 97 - Hobbs, New Mexico