

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 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

12/8/61

(Place)

(Date)

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

Trice Production Company

A. T. Hutcherson

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

(Company or Operator)

(Lease)

D
Unit Letter

Sec. 10

T. 9 S

R. 34 E

NMPM, Undesignated

Pool

Lee

County. Date Spudded 10/10/61

Date Drilling Completed 12/4/61

Please indicate location:

Elevation 4264 BP

Total Depth 9638

PBTD

9628

Top Oil/Gas Pay 9600

Name of Prod. Form. Bough C

PRODUCING INTERVAL -

Perforations 9601-9606

Open Hole

Depth

Casing Shoe 9638

Depth

Tubing 9575

OIL WELL TEST -

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): 244 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 14/64"

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): 4/500 gals HA

Casing Press. 480 Tubing Press. 480 Date first new oil run to tank 12/6/61

Oil Transporter Holmes & Permain Corp.

Gas Transporter None

Remarks:

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

Approved _____, 19____

Trice Production Company

(Company or Operator)

By: W. D. [Signature]

(Signature)

Title Production Supt.

Send Communications regarding well to:

Name Box 167 Midland, Texas

Address _____

OIL CONSERVATION COMMISSION

By: [Signature]

Title _____