

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, N.M.

Feb. 29, 1960

(Place)

(Date)

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

Roger Harris

Federal

Well No. 1

in NW 1/4

NE 1/4

(Company or Operator)

(Lease)

B

Sec. 20

T. 9 S

R. 35-E

NMPM,

Wildcat

Pool

Unit Letter

Lea

County Date Spudded Dec. 5, 1959

Date Drilling Completed

Feb. 24, 1960

Please indicate location:

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

1980' fr E & 660' fr N

Elevation

Total Depth

4887

PBTD

4882

Top Oil/Gas Pay 4800

Name of Prod. Form.

San Andres

PRODUCING INTERVAL -

Perforations 4800-05, 4815-35, 4855-65, 4865-74, 4874-80

Open Hole

Depth

4887

Depth

4877

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 100 bbls. oil, 100 bbls water in 24 hrs, 0 min. Size 2

GAS WELL TEST - Swab 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): 1000 gals. mud acid 8000 gals acid

Casing Tubing 3600 Date first new Feb. 28, 1960
Press. Press. oil run to tanks

Oil Transporter Cactus Pet. Co. (Trucks)

Gas Transporter None

Remarks: New Well

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved: FEB 2, 1960, 19 _____ Roger Harris
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ (Signature)

Title: Agent

Send Communications regarding well to:

Name: Oil Reports Box 763 Hobbs, N.M.

Address: _____