

**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 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.

Lubbock, Texas 3-28-58  
(Place) (Date)

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

Jack Markham Magnolia-Glen, Well No. 1, in. SW  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

M, Sec. 21, T. 9S, R. 38E, NMPM, Undesignated wildcat Pool  
Unit Letter

Lea County. Date Spudded 1-31-58 Date Drilling Completed 2-22-58

Please indicate location:

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

Elevation 4154 Ground 4162 DP Total Depth 4948' PBD 4875'

Top Oil/Gas Pay 4784 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4801-4816; 4834-4864

Open Hole None Depth 4947 Depth 4824  
Casing Shoe Tubing

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 Choke  
load oil used): 18.7 bbls. oil, 4.7 bbls water in 24 hrs, \_\_\_\_\_ min. Size Pumping

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>8 5/8</u>	<u>302'</u>	<u>200 circ</u>
<u>5 1/2</u>	<u>4947'</u>	<u>200</u>

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): Acidized with 13,500 gal. acid.

Casing PR. Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. PR. Press. 0 oil run to tanks 3/22/58

Oil Transporter Magnolia Pipe Line Co.

Gas Transporter \_\_\_\_\_

Remarks: \_\_\_\_\_

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

Approved \_\_\_\_\_, 19\_\_\_\_ Jack Markham  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature] By: John C. Byers (Signature)

Title \_\_\_\_\_ Title Engineer  
Send Communications regarding well to:

Name Jack Markham

Address Great Plains Life Bldg., Lubbock, Texas