

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.

Big Spring, Texas

June 17, 1959

(Place)

(Date)

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

**COSDEN PETROLEUM CORPORATION**

**R. C. Mills**

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

(Company or Operator)

(Lease)

**Allison Penn**

Pool

**J**

Sec. **11**

T. **9 S**

R. **36 E**

NMPM.,

Unit Letter

**Lea**

County. Date Spudded **3-14-59**

Date Drilling Completed **5-18-59**

Elevation **4042.4**

Total Depth **9,765** PBD

Please indicate location:

Top Oil/Gas Pay **9,702**

Name of Prod. Form. **Pennsylvanian**

D	C	B	A
E	F	G	H
L	K	<b>J</b>	I
M	N	O	P

PRODUCING INTERVAL -

**9702-9724**

Perforations

Depth Casing Shoe **9765** Depth Tubing **9730**

Open Hole

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): **124** bbls. oil, **173** bbls water in **24** hrs, \_\_\_\_\_ min. Choke Size **Open**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<b>13-3/8</b>	<b>330</b>	<b>350</b>
<b>8-5/8</b>	<b>4195</b>	<b>1800</b>
<b>5-1/2</b>	<b>9765</b>	<b>300</b>

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 w/ 500 gal Mud Acid & 10,000 Reg. Acid**

Casing Press. \_\_\_\_\_ Tubing Press. \_\_\_\_\_ Date first new oil run to tanks **6-15-59**

Oil Transporter **Magnolia Pipe Line**

Gas Transporter **Sinclair Oil & Gas**

Remarks:

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

Approved: \_\_\_\_\_, 19\_\_\_\_

**COSDEN PETROLEUM CORPORATION**

(Company or Operator)

By: **H. T. Bratcher**

**H. T. Bratcher**

(Signature)

Title **Superintendent of Production**

Send Communications regarding well to:

OIL CONSERVATION COMMISSION

By: **John W. Kinsman**

Title \_\_\_\_\_

Name **COSDEN PETROLEUM CORPORATION**

Address **Box 1311, Big Spring, Texas**