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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

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.

Abilene, Texas

Jan. 8, 1961

(Place)

(Date)

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

Coastal States Gas Producing Co.-Federal-^{Pebworth} 1

Well No. _____, in SE 1/4 NE 1/4,

(Company or Operator)

(Lease)

H 25, Sec. _____, T. _____, R. _____, NMPM., Allison Penn

Pool

Unit Letter

Roosevelt

County. Date Spudded 11/30/61

Date Drilling Completed 12/30/61

Please indicate location:

Elevation DF - 4073' Total Depth 9680' PBTD 9678'

Top Oil/Gas Pay 9652' Name of Prod. Form. Bough "C"

PRODUCING INTERVAL -

Perforations (9663' - 71')

Open Hole ----- Depth 9679' Depth 9665'
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 load oil used): 210 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 24/64" Choke

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): 500 Gals of 15% NE Acid

Casing 0 Tubing 170# Date first new 1/3/62
Press. Press. oil run to tanks

Oil Transporter McWood Corporation

Gas Transporter None

Remarks: _____

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

Approved January 8, 1962

Coastal States Gas Producing Co.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

Title District Engineer

Send Communications regarding well to:

Name Coastal States Gas Producing Co.

P. O. Box 385, Abilene, Texas

By: _____

Title _____