

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

May 15, 1964

(Place)

(Date)

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

Cities Service Oil Company Government **G**, Well No. **2**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
D Sec. **8**, T. **8S**, R. **35E**, NMPM, **Undesignated** Pool
Unit Letter
Roosevelt

Please indicate location:

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

County. Date Spudded _____ Date Drilling Completed **5-13-64**
Elevation **4243 Gr.** Total Depth **5071** FSTD **5042**
Top Oil/Gas Pay **4635** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4635, 4640, 4645, 4650, 4652, 4655, 4663, 4680, 4684**

Open Hole _____ Depth **5060** Depth **4663**
Casing Shoe _____ Tubing _____

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): **486** bbls. oil, **64** bbls. water in **25** hrs, **0** min. Choke Size **44/64"**

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: _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	412	200
4 1/2"	5060	200 Pozm x 300 Incon
2 3/8"	4673	-

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **2000 gal LST, 20,000 gal crude oil & 20,000# sand**

Casing _____ Tubing _____ Date first new _____
Press. **Pkr** Press. **2150** oil run to tanks **5-13-64**

Oil Transporter **Magnolia Pipeline Co.**

Gas Transporter **Nearburg & Ingram**

Remarks:

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

Approved: **MAY 15 1964**, 19

Cities Service Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

Title: **District Clerk**

Send Communications regarding well to:

Name: **Mr. E. Y. Wilder**

Address: **Box 69, Hobbs, New Mexico**

By: _____
Title: _____