

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well
~~XXXXXXXXXX~~

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.

Oklahoma City 2, Oklahoma **February 8, 1963**
(Place) (Date)

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

Max Pray **T. S. Massey** Well No. **1** in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)

0 Sec. **15** **T. 8 South, R. 36 East** **South Prairie-Penn.** 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 **12-27-62** Date Drilling Completed **1-30-63**
Elevation **4107 K. B.** Total Depth **9710'** FBTD **9702**

Top Oil/Gas Pay **9682** Type of Prod. Form. **Bough "C"**

PRODUCING INTERVAL -

Perforations **9687-9693**

Open Hole **None** Depth **9710** Depth **9675**
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): **192** bbls. oil **No** bbls water in **24** hrs, **--** min. Choke Size **20/64**

GAS WELL TEST -

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

Method of Testing (pitot, rack pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Test: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **500 gallons (12 bbls.) Halliburton MCA 15% Acid**

Casing Tubing _____ Date first new _____
Press. **packer** Press. **775#** Date run to tanks **February 8, 1963**

Oil Transporter **Mobil Oil Company** *M. Hood*

Gas Transporter **Nearburg & Ingram (Bluitt Gasoline Plant)**

Remarks:

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

Approved _____, 19____

Max Pray

(Company or Operator)

By: *Warren Pickering*
(Signature)

Title **Geologist-Agent**

Send Communications regarding well to:

Name **Warren Pickering**
2207 First National Building
Address **Oklahoma City 2, Oklahoma**

OIL CONSERVATION COMMISSION

By: _____

Title _____