## NEW EXICO OIL CONSERVATION COMM. ION Santa Fe, New Mexico

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

New Well Recompletion

## REQUEST FOR (OIL) - (CONS) ALLOWABLE OCC HOBBS OFFICE OCC

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-103 wazent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion 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.

| red into                         | uie so                          | CK CALIF                                | 3. <b>V</b> EV 1110.                   | Midland, Texas  | August 17, 1959                            |  |  |  |
|----------------------------------|---------------------------------|---|--|---|--|--|--|--|
|                                  |                                 |   |  | (Place)   | (Date)                                     |  |  |  |
| E ARE                            | HERE                            | EBY RI                                  | EQUESTI                                | NG AN ALLOWABLE FOR A WELL KNOWN mpany State "VV", Well No2       | AS:<br>: NW 1/ NW 1/.                      |  |  |  |
| <b></b> .                        |                                 | • |  | 19>   |  |  |  |  |
| <b>D</b> (                       | (Company or Operator)  D Sec. 1 |   | 1                                      | , T-13-S , R31-E , NMPM.,   | Caprock Queen Pool                         |  |  |  |
| Unit                             | Leiter                          |   |  |   |  |  |  |  |
| Cha                              | ves                             |   |  | County Date Spudded July 24, 1959 Date Elevation 4396 Total Depth | 3038 PBTD                                  |  |  |  |
| Please indicate location:        |                                 |   | ocation:                               | Top Oil/Gas Pay 3029 Name of Prod. Form. Queen                    |  |  |  |  |
| Ď                                | C                               | В                                       | A                                      | PRODUCING INTERVAL -  |  |  |  |  |
| X                                |                                 |   |  |   |  |  |  |  |
| E                                | F                               | G                                       | H                                      | Perforations Depth Open Hole 3029-3038 Casing Shoe                | 3029 Depth<br>Tubing 3034                  |  |  |  |
|                                  | _                               |   |  | Open Hole 3029-3038 Depth Casing Shoe                             | Tubing 3034                                |  |  |  |
| L                                | K                               | J                                       | + <u>-</u>                             | OIL WELL TEST -   | Choke                                      |  |  |  |
| ן י                              | N.                              | "                                       | •                                      | Natural Prod. Test: 2 bbls.oil, 0 bl                              |  |  |  |  |
|                                  |                                 |   |  | Test After Acid or Fracture Treatment (after recove               | CUDKA                                      |  |  |  |
| M                                | N                               | 0                                       | P                                      | load oil used):34.6 bbls,oil, 0 bbls                              | water in <b>24</b> hrs, <u>0</u> min. Size |  |  |  |
|                                  |                                 |   |  | GAS WELL TEST - Pumping   |  |  |  |  |
| 666                              | /n                              | 466                                     | 1/4                                    | Natural Prod. Test: MCF/Day; Hou:                                 | rs flowedChoke Size                        |  |  |  |
| ,                                |                                 |   |  |   |  |  |  |  |
| Tubing Gasing and Gementing Reco |                                 | _                                       | Test After Acid or Fracture Treatment: |   |  |  |  |  |
| 40                               |                                 |   |  | Choke Size Method of Testing:                                     |  |  |  |  |
| 8 5/8                            | 29                              | 96                                      | 200                                    |   |  |  |  |  |
| ļ                                |                                 |   |  | Acid or Fracture Treatment (Give amounts of materia               |  |  |  |  |
|                                  | _                               |   |  | sand): 500 gallons acid # 7500 gal. le                            | ase crude \$ 15,000# sand.                 |  |  |  |
| 4 1/2                            | 30                              | 20                                      | 100                                    | Casing Press. Pump Date first new oil run to tanks                | August 16, 1959                            |  |  |  |
|                                  |                                 |   |  | Oil Transporter Service Pipe Line Company                         |  |  |  |  |
|                                  |                                 |   | <u> </u>                               | Gas Transporter None  |  |  |  |  |
| Remarks                          | :                               |   |  | 50-) (34.641)   |  |  |  |  |
|                                  |                                 |   |  | 50-1 (34.6/13   |  |  |  |  |
|                                  |                                 |   |  |   |  |  |  |  |
| I he                             | ereby co                        | ertify tl                               | nat the inf                            | ormation given above is true and complete to the be               | st of my knowledge.                        |  |  |  |
| Approve                          | d                               |   | ••••••                                 | 10 Great Western L  | Company or Operator)                       |  |  |  |
|                                  |                                 |   |  | Ru Office   | O.H. Cravs                                 |  |  |  |
|                                  | ¬,                              | /                                       | 7                                      |   | (Signature)                                |  |  |  |
| n '-                             | 4/.                             | 2.                                      | K.                                     | Title General Super   | rintendent                                 |  |  |  |
| Бу:                              | Z + L (                         | £.k                                     | pyl                                    | Send Com  | munications regarding well to:             |  |  |  |
| Title                            | <b></b>                         |   |  | NameGreat Weste   | ern Drilling Company                       |  |  |  |
|                                  |                                 |   |  | Address P. O. Box   | 1659, Midland, Texas                       |  |  |  |

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