

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

January 8, 1958

(Place)

(Date)

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

R. D. Collier Gulf-State

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

(Company or Operator)

(Lease)

H

Sec. **23**

T. **13**

R. **31**

NMPM., **Caprock-Queen**

Pool

Unit Letter

Chaves

County. Date Spudded **11/1/57**

Date Drilling Completed **11/20/57**

Please indicate location:

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

Elevation **4433** Total Depth **3100** FBTD

Top Oil/Gas Pay **3069** Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **3069-3075**

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **33** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **Open**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	300	100
5-1/2"	3100	100

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): **15,000 gal. oil & 15,000# sand**

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks **11/28/57**

Oil Transporter **Texas New Mexico Pipe Line Co.**

Gas Transporter _____

Remarks: **GOR TSTM 33-14**

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: **R. D. Collier** (Company or Operator)
(Signature)

Title **Owner**
Send Communications regarding well to:

Name **R. D. Collier Box 798 Artesia, N. M.**

Address _____