

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New MexicoREQUEST FOR (OIL) - (~~GAS~~) ALLOWABLENew 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 G-104 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

October 15, 1954

(Place)

(Date)

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

Cities Service Oil Co.

Government "B"

Well No. 13, in SE 1/4 NE 1/4,

(Company or Operator)

(Lease)

H, Sec. 3, T. 14-S, R. 31-E, NMPM., Drickmy-Queen Pool

(Unit)
Chaves

County. Date Spudded September 20, 1954, Date Completed October 2, 1954.

Please indicate location:

Elevation 4415' DF Total Depth 3073' P.B. -

Top oil/gas pay 3053' Name Queen Top of Prod. Form

Casing Perforations: - - or

Depth to Casing shoe of Prod. String 3042'

Natural Prod. Test 112 BOPD

based on 112 bbls. Oil in 24 Hrs. -0- Mins.

Test after acid or shot. - - BOPD

Based on - - bbls. Oil in - - Hrs. - - Mins.

Gas Well Potential. - -

Size choke in inches (Pumping Well)

Date first oil run to tanks or gas to Transmission system: 10-12-54

Transporter taking Oil or Gas: Cities Service Oil Company-Trucks

Casing and Cementing Record

Size Feet Sax

8 5/8	360'	200
5 1/2"	3036'	300

Remarks:

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

Approved _____, 19____

Cities Service Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

Title Assistant Division Superintendent

Send Communications regarding well to:

Name R. W. Ely

Address Box 97, Hobbs, New Mexico

By: _____

Title _____