NEV EXICO OIL CONSERVATION COM! SION Santa Fe, New Mexico

REQUEST FOR (OIL) - (CAS) ALLOWABLE OFFICE OF SERVICES

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 Wild form C-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.

into the sto	011 0011110100	rrant no ret	Hobbs, New Mexice January 6, 1955
			(Place) (Date)
WE ARE	HEREBY RE	QUESTIN	G AN ALLOWABLE FOR A WELL KNOWN AS:
Cities	Service Of	1 Compan	y Government "B" , Well No. 24 , in NW 1/4 NW 1/4,
	ompany or Ope		
		3 ,	T. 145 , R. 31E , NMPM., Drickey-Queen Pool
(Unit			G . D . G
			County. Date Spudded 12-13-54. Date Completed 1-3-55
Plea	ase indicate lo	cation:	
			Elevation 4308 (DF) Total Depth 2942 , P.B
			Top oil/marpay 2917 Prod. Form Que en
	ļ		2917 to 2929 - 4 bullets per foot
			Casing Perforations: 2917 to 2932 - 2 shots per foot or
			Depth to Casing shoe of Prod. String.
	·		Natural Prod. Test. BOPD
			based on 107.7 bbls. Oil in 24 Hrs Mins.
***************************************	***************************************		Test after acid or shotBOPD
Casing Size	r and Cementin Feet	n g Record Sax	Based onbbls. Oil in Hrs Mins.
8 5/8	160.55	100	Gas Well Potential
5 1/2	2924.4	300	Size choke in inches. Pumping Well
			Date first oil run to tanks again to tanks and the control of the
			Transporter taking Oil motor Cities Service Cil Company - Trucks
Remarks:.	•••••		
		·	
I here	eby certify tha	t the inform	nation given above is true and complete to the best of my knowledge.
Approved	1 Д-)	195	,19 Cities Service Oil Company (Company or Operator)
	4		(Company of Operator)
. 0	IL CONSER	VATION O	COMMISSION By: Simulation
\sim	10~	1	(Signature)
By:().	7.00	anly	Title Asst. Division Supt.
Title	(Another	District	Send Communications regarding well to: R. W. Ely
1 IUC	***************************************		Name
			Rox 97, Hobbs, New Merrico