

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico June 23, 1954
(Place) (Date)

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

Cities Service Oil Company Government "B", Well No. 4, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)
H, Sec. 10, T. 14S, R. 31E, NMPM, Drickey-Queen Pool
(Unit)
Chaves County. Date Spudded 5-24-54, Date Completed 6-22-54

Please indicate location:

Elevation 4417' (Ground). Total Depth 3066', P.B. -

Top oil pay 3047' Name Queen
~~Top~~ of Prod. Form

Casing Perforations: - or

Depth to Casing shoe of Prod. String 3042

Natural Prod. Test 412 (rated 24 hrs) BOPD

based on 103 bbls. Oil in 6 Hrs. - Mins.

Test after acid or shot - BOPD

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

Gas Well Potential -

Size choke in inches Open 5 1/2" casing swauged to 2"

Date first oil run to tanks ~~xxxxxx~~ June 22, 1954

Transporter taking Oil ~~xxxx~~ Cities Service Oil Company-Trucks

Casing and Cementing Record

Size Feet Sax

13 3/8"	304	225
8 5/8"	1390	Mudded Reclaimed
5 1/2"	3039	150

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: *S. J. Stanley* Division Clerk

Title _____ Send Communications regarding well to:

Name M. W. Ely

Address Box 97, Hobbs, New Mexico