

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 QUADRUPLICATE 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.

ABILENE, TEXAS

OCTOBER 13, 1958

(Place)

(Date)

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

ADA OIL COMPANY - FEDERAL MEDLIN "B"

, Well No. 3, in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

G, Sec. 21

T. 14S

R. 31E

NMPM,

CAPROCK-QUEEN

Pool

Unit Letter

CHAVES

County. Date Spudded 9-22-58

Date Drilling Completed 10-7-58

Please indicate location:

Elevation 4243 DF Total Depth 2955 PBD -

Top Oil/Gas Pay 2909 Name of Prod. Form. QUEEN

PRODUCING INTERVAL -

Perforations 2909-2914 1/2

Open Hole - Depth - Casing Shoe - Depth Tubing 2889

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 113 bbls. oil, TRACE bbls water in 24 hrs, 0 min. Size Choke -

GAS WELL TEST -

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

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): 500 GALS. BDA ACID AHEAD OF 5,000# SAND AND 11,000 GALS. FRAC

Casing Tubing Date first new Press. 250 Press. 20 oil run to tanks 10-7-58 OIL.

Oil Transporter TEXAS-NEW MEXICO PIPE LINE COMPANY

Gas Transporter NONE

Remarks:

140-1 113-115

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

Approved, 19

ADA OIL COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Merle Brewer

(Signature)

By: [Signature]

Title DIST. PRODUCTION SUPERINTENDENT

Send Communications regarding well to:

Title

Name ADA OIL COMPANY

Address Box 1269, ABILENE, TEXAS