

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.

Midland, Texas
(Place)

January 26, 1959
(Date)

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

Union Oil Company of California H.A. Lindley "B", Well No. 1-29, in NE 1/4, SE 1/4,
(Company or Operator) (Lease)

I, Sec. 29, T. 14-S, R. 31-E, NMPM, Undesignated Pool
Unit Letter

Chaves

Please indicate location:

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

County. Date Spudded January 10, 1959 Date Drilling Completed Jan. 19, 1959
Elevation 4235.10 Total Depth 2913' PBT 2901' E.T.D.

Top Oil/Gas Pay 2887 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 2887 - 2893'

Open Hole - Depth Casing Shoe 2912.74' Depth Tubing 2887.32'

OIL WELL TEST -

Natural Prod. Test: 144 bbls. oil, 0 bbls water in 24 hrs, - min. Choke Size 32/64"

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

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): None

Casing Tubing Date first new Press. - Press. - oil run to tanks January 23, 1959

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter None

Remarks: None

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

Approved: _____, 19____

Union Oil Company of California
(Company or Operator)

OIL CONSERVATION COMMISSION

By: R.W. Gulson
(Signature)

By: _____

Title: Drilling Supt.

Send Communications regarding well to:

Title: _____

Name: Union Oil Company of California

Address: 619 W. Texas Ave., Midland, Texas