

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLES OFFICE OF New Well
Recompletion

DUPLICATE
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 submitted. 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 **9-21-55**
(Place) (Date)

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

Morris R. Antweil, Oil Operator Well No. **8**, in **NW** 1/4 **NE** 1/4,
(Company or Operator) (Lease)

G, Sec. **33**, T. **14**, R. **31**, NMPM., **Caprock Queen** Pool
(Unit)

Chaves County. Date Spudded **8-31-55**, Date Completed **9-20-55**

Please indicate location:

Elevation **4428 GL** Total Depth **3112**, P.B. **3106**

Top oil/gas pay **3086** Name of Prod. Form **Queen**

Casing Perforations: **3093-3098** or

Depth to Casing shoe of Prod. String

Natural Prod. Test **No Test Taken** BOPD

based on bbls. Oil in Hrs. Mins.

Test after **Frac** **1680** BOPD
X300XXX

Based on **350** bbls. Oil in **5** Hrs. Mins.

Gas Well Potential

Size choke in inches

Date first oil run to tanks or gas to Transmission system: **9-20-55**

Transporter taking Oil or Gas: **Artesia Pipe Line**

Remarks:

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

Approved **SEP 6 1955**, 19

Morris R. Antweil, Oil Operator
(Company or Operator)

OIL CONSERVATION COMMISSION

Ken Jennings (Signature)

By: **Engineer District 1**

Title **Agent**

Send Communications regarding well to:

Name **Morris R. Antweil, Oil Operator**

Address **P. O. Box 1058, Hobbs, N. M.**