

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE
HOBBBS OFFICE OCC 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 ^{1959 AUG 18 10 34 AM} as 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)

August 17, 1959
(Date)

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

Great Western Drilling Company State "N", Well No. 4, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)

F, Sec. 5, T-13-S, R-32-E, NMPM., Caprock Queen Pool
Unit Letter

Lea

County. Date Spudded July 31, 1959 Date Drilling Completed August 6, 1959

Please indicate location:

Elevation 4352 Total Depth 3052 PBT

Top Oil/Gas Pay 3033 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations

Open Hole 3033-3052 Depth Casing Shoe 3033 Depth Tubing 3047

OIL WELL TEST -

Pumping

Natural Prod. Test: 55 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size

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 Aug 15, 1959

Oil Transporter Service Pipe Line Company

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	306	200
5 1/2		100

Remarks:

50-1 (35-11)

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

Approved _____, 19____

Great Western Drilling Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: O. H. Crews
(Signature)

By: J. W. Rungger

Title: General Superintendent

Send Communications regarding well to:

Title _____

Name: Great Western Drilling Company

Address: P. O. Box 1659, Midland, Texas