

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
~~XXXXXX~~

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.

Hobbs, New Mexico 11-21-61
(Place) (Date)

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

HUMBLE OIL & REFINING COMPANY New Mex. State BL, Well No. 1, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

C 16 T-13-S R-32-E, NMPM., Wildcat Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 6-3-61 Date Drilling Completed 8-2-61
Elevation 4357 Total Depth 12497 FBTD 11260

Top Oil/Gas Pay 11050 Name of Prod. Form. Bond

PRODUCING INTERVAL -

Perforations 11050-11060
Open Hole - Depth 12497 Depth 11,000
Casing Shoe Tubing

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): 35 bbls. oil, 4 bbls water in 24 hrs, - min. Size 18/64 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): 10,000 Gal Slick Brine Water, 10,000# Sand.

Casing Tubing Date first new
Press. - Press. 50 oil run to tanks 11-1-61

Oil Transporter Indiana Oil Purchasing Company

Gas Transporter None

Remarks:

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

Approved....., 19.....

HUMBLE OIL & REFINING COMPANY

(Company or Operator)

By: COPY ORIGINAL SIGNED: E. S. DAVIS
(Signature)

Title Agent

Send Communications regarding well to:

Name HUMBLE OIL & REFINING COMPANY

Address Box 2347, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title