

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.

Hobbs, New Mexico July 8, 1960

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:
Harvey L. Hurley Atlantic State Ac. 4 #7

NE

SE

, Well No. _____, in _____ 1/4 _____ 1/4 _____

I (Company or Operator)

14

(Lease)

Saunders

Unit Letter Sec. 27 T. 14 R. 33, NMPM., Pool

Unit Letter
Lea

County. Date Spudded 5/11/60

Date Drilling Completed 7/3/60

Please indicate location:

Elevation 4202.5 Total Depth 10,010 PBD

Top Oil/Gas Pay 9892' Name of Prod. Form. Penn

PRODUCING INTERVAL -

Perforations 9892-9919; 9954-9961; 9944-50'

Open Hole Depth Casing Shoe Depth Tubing 9980'

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): 316 bbls. oil, 0 bbls water in 16 hrs, _____ min. Size 24/64" (Based on 16 hr test)

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 gal MA each set (1500 gal)

Casing Press. pkr Tubing Press. 500# Date first new oil run to tanks 7/6/60

Oil Transporter Service Pipe Line

Gas Transporter Warren Pet. Corp.

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	350	350 SX
8-5/8"	4150	600 SX
5-1/2"	10,010	550 SX
2" @	9980	

Remarks: New Well

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

Approved _____, 19 _____

Harvey L. Hurley

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ Agent _____ (Signature)

By: _____

Title: _____

Title: _____

Send Communications regarding well to:
512 Midland Nat'l Bank Bldg. Midland, Texas

Name: _____

Address: _____

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Harvey L. Hurley Lease Atlantic State

Well No. Ac. 4 #7 Unit Letter I S 27 T 14 R 33 Pool Saunders

County Lea Kind of Lease (State, Fed. or Patented) State B-9641

If well produces oil or condensate, give location of tanks: Unit I S 27 T 14 R 33

Authorized Transporter of Oil or Condensate Service Pipe Line Co.

Address Box 337 Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Harco Pet. Corp.

Address Date Connected
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ☒

Change in Transporter of (Check One): Oil ☐ Dry Gas ☐ C'head ☐ Condensate ☐

Change in Ownership ☐ Other ☐

Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 8th day of July 19 60

By 

Approved 19

Title Agent

OIL CONSERVATION COMMISSION

Company HARVEY L. HURLEY

By 

Address 512 Midland Nat'l Bank Bldg.

Title

Midland, Texas