

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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

April 29, 1959

(Place)

(Date)

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

Humble Oil & Refining Company South Four Lakes Unit, Well No. **6**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)

I, Sec. **2**, T. **12-S**, R. **34-E**, NMPM., **Undesignated** Pool
Unit Letter

Lea

County. Date Spudded **1-20-59** Date Drilling Completed **4-6-59**

Elevation **4155** Total Depth **12870** PBD **12845**

Please indicate location:

Top Oil/Gas Pay **12793** Name of Prod. Form. **Devonian**

PRODUCING INTERVAL -

Perforations **12793-12831**

Open Hole **-** Depth **12870** Depth Casing Shoe **12555**

OIL WELL TEST -

Natural Prod. Test: **-** bbls. oil, **-** bbls water in **-** hrs, **-** 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: **781.98** MCF/Day; Hours flowed **24**

Choke Size **3/8** Method of Testing: **Flow**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 gals. 15% Reg. acid**

Casing Press. **-** Tubing Press. **1450** Date first new run to tanks **4-17-59**

Oil Transporter **Service Pipe Line Company**

Gas Transporter **El Paso Natural Gas Company**

Remarks: **Dual Pennsylvania Oil and Devonian Gas completion. Application for dual completion permit has been made. The Devonian allowable is not to be effective until dual completion order has been received.**

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)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

Title: **Agent**

Send Communications regarding well to:

Name: **Humble Oil & Refining Company**

Address: **Box 2347 - Hobbs, New Mexico**

By: _____

Title: _____

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