

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Completion

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 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
(Place)

11-11-57
(Date)

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

Cities Service Production Co., Taylor "B", Well No. 2, in NE 1/4 SE 1/4,
(Company or Operator) (Lease)

I, Sec. 7, T. 12-S, R. 38-E, NMPM., Undesignated Pool
Unit Letter

Lea

County. Date Spudded 8-29-57 Date Drilling Completed 11-4-57

Please indicate location:

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

Elevation 3883 (DF) Total Depth 12030 PBD -

Top Oil/Gas Pay 12016 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 12016-12021

Open Hole - Depth Casing Shoe 12026.80 Depth Tubing 12005.29

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): 739.7 bbls. oil, 0 bbls. water in 9 hrs, - min. Size 24/64 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): 500 gal. mud acid

Casing Tubing Date first new 11-8-57
Press. - Press. 300 oil run to tanks

Oil Transporter Magnolia Pipeline Co.

Gas Transporter -

Remarks:

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

Approved: _____, 19____

Cities Service Production Co.
(Company or Operator)

By: _____
(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title _____

Title. Dist. Supt.
Send Communications regarding well to:

Name. Geo. M. Geyer

Address. Box 97, Hobbs, New Mexico