

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

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 Mex 100

1-4-58

(Place)

(Date)

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

Cities Service Production Company Taylor 3, Well No. 3, in 1/4 33 1/4,  
(Company or Operator) (Lease)

J, Sec. 7, T. 12, R. 36, NMPM, Underscribed Pool  
Unit Letter

County. Date Spudded Oct. 18, 1957 Date Drilling Completed Dec. 18, 1957

Please indicate location:

Elevation 3886 (DP) Total Depth 12030 FBT

Top Oil/Gas Pay 12022 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 12026-12030

Open Hole 12030 Depth Casing Shoe 12029 Depth Tubing 12009

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): 349 bbls. oil, bbls water in 16 hrs, 30 min. Size 20/64 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 gallon mud acid

Casing Tubing Date first new Press. Press. oil run to tanks 1-3-58

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 Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

Title Asst. Div. Supt.

Send Communications regarding well to:

R. W. Ely

Name

Box 97, Hobbs, New Mexico

Address

By: Title