NEW M GICO OIL CONSERVATION COMMI. ON 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.

			•	(Place)	reb,	
WE ARE	HEREBY	REQUESTI	NG AN ALLOWABLE F	, ,	WN AS:	(Date)
Ra	lph Lowe		Oberholtzer	Well No.	2 / in Sh	I IZ NE IZ
('	Company or C	Operator)	Oberholtzer (Lea	e)	2, 7	/4
	Se Letter	ec8	T. 12-S , R 38-1	, NMPM.,	Undesignate	d Poo
	Lea		County. Date Spudded	11-6-57	Date Drilling Comple	ited 1_19_58
	ease indicate		Elevation 3872).FTotal [Pepth 12056	_PBTD9593
ГДТ	CE		Top Oil/Gas Pay 9/			
	C	• •	PRODUCING INTERVAL -			
<u> </u>			Perforations 9498	-9508 w/4 holes	ner. ft.	
E	FG	H	Open Hole None			Pepth OFOO
			OIL WELL TEST -	Jeanny	12,034	ucing9500
L	K J	I				Choke
l			Natural Prod. Test:			-
м	N O	P	Test After Acid or Fract			Ch t .
ļ			load oil used): 160	_bbls,oil,125	bbls water in 24 hr	s,min. Size X
	l		GAS WELL TEST - 1 3/4	1 X 24' X 2 1/4	National Fluid	Pack Pump
			- Natural Prod. Test: N	oneMCF/Day	; Hours flowed	_Choke Size
		menting Recor				
Size	Feet	Sax	Test After Acid or Fract			
13 3/		40.5	Choke SizeMeth			
13 3/	8 354	425	***************************************			
8 5/	8 4480	2100	Acid or Fracture Treatmen		eterials used, such as	acid, water, oil, and
5 1/2 12634 1150 sand): 500 gal. mud acid Casing Tubing Date first new					·····	
3 1/	12034	1150	Press. Press.			1, 1958
2 3/	8 9500	EUE	Oil Transporter Ma	gnolia Pipa Lir	e Company	· · · · · · · · · · · · · · · · · · ·
ļ		-}	Gas Transporter N	one		
Remarks:	Gr.vt	y42.2				
		•••••••	•••••••••••••••••••••••••••••••••••••••		•••••••	
	***************************************		••••••		•••••••	
I her	eby certify t	hat the info	rmation given above is tru	ue and complete to th	e best of my knowledg	ge.
Approved.	••••••		, 19	Ralph	Love	***************************************
				1.1	(Company or Operate	or)
C	OIL CONSE	RVATION	COMMISSION	By:	a jayan	
_	1-6		,		(Signature)	
ву:			mind the same of t	TitleAge	ont	ding well to:
Γitle	·····	····	••••••••		•	-
				NameRalp	h Lowe	
				AddressBox.	832 Midland T	exas