CORRECTED

NEW XICO OIL CONSERVATION COMM ION 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.

			-	•	Midland, Texas	January 20	0,1958
W'E A	or u	CDEBV D	FOURSTI	NG AN ALLOWARIE FO	(Place) R A WELL KNOWN AS:		(Date)
			•		M. Well No3		NW .
· · · · · *** *	Con.	npany or Ot	erator)	(Lease)	1.7 s		,
) 100 PM	, Sec	18	, T125, R38E	, NMPM.,	nated	Pool
				County. Date Spudded	11-9-57 Date Dri	lling Completed	1-9-58
		indicate		Elevation 3882 DF	Total Depth1	978 PBTD	
ГД	T (В	T A		Name of Prod. For	m. Devonian	
1	:			PRODUCING INTERVAL -			
E	1	P G	H	Perforations None	Depth	Depth	
_				Open Hole 10	Casing Shoe 11	968 Tubing	11967
L		C J	I	OIL WELL TEST -			6 11
	1 '	` "		Natural Prod. Test:	bbls.oil,bbls w	ater inhrs,	Choke min. Size
· ·	+.		P		e Treatment (after recovery o		
M	7	0		load oil used): 160 b	bls.oil, <u>Q</u> bbls water	in <u>8</u> hrs,	min. Size 1/4
	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			GAS WELL TEST -			
		·		Natural Prod. Test:	MCF/Day; Hours fl	owedChoke	Size
Tubin	g ,Casi	ng and Cem	enting Recor	d Method of Testing (pitot,	back pressure, etc.):		
Size		Feet Sax		Test After Acid or Fracture Treatment: MCF/Day; Hours flowed			
112	3/8	325	325	Choke SizeMethod	of Testing:		
				Acid or Fracture Treatment	(Give amounts of materials u	sed, such as acid, w	vater, oil, and
8	5/8	4600	1800	sand): 500 gal mud		,	
_	1/9	11968	200	Casing Tubing	Date first new oil run to tanks 1	-11-58	
-2	1/4	11900	200		ce Pipe Line Comp		****
2		11967	Tubin				
Remai	rks: T	his rep	ort co	rects number of	feet of 13 3/8" c	asing and as	ount of

••••••				••••••	***************************************	***************************************	•••••
I	hereby	certify th	at the info	rmation given above is true	and complete to the best of	my knowledge.	
Appro	ved		***************************************	, 19	Hancock Oil Co		************************
	OII	CONERI	NATION	COMMISSION	P Comps	iny of Operator)	4
	OIL.		VALION	COMMISSION	()	Signature)	
Ву:	<i></i>	The state of the s			Title Prod. Supt.		
ma.					Send Communications regarding well to:		
Title	••••••	······			Name Hancock 011	Company	
					Address 509 W. Tex	Ave. Midle	nd, Texa