XICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE HOBBS OFFICE OCC 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 wassent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion of 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

Dallas, Texas Jo	anuary 25, 1960
(Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
Whitehall Oil Company, Inc. H. H. Harris Well No. 1	SW , SW .
(Lease)	,
W Sec. 35 T 128 R 38E NMPM., Bronco-Wo	lfcamp Pool
Lea County Date Spudded 11/21/59 Date Drilling Comp	pleted 12/19/59
Please indicate location: Elevation 3790 G.L. Total Depth 9170 RKI	PBTD -
D C B A Top Oil/Gas Pay 9076 Name of Prod. Form.	folfcamp
PRODUCING INTERVAL -	
E F G H Perforations 9077' to 9083' and 9085' to	9093' RKB
E F G H Open Hole No Depth Casing Shoe 9169 RKB	Donth
OIL WELL TEST -	-
L K J I Natural Prod. Test: No bbls.oil, No bbls water in -	Choke
Test After Acid or Fracture Treatment (after recovery of volume of	
M N O P load oil used): 132.3 bbls.oil bbls.water in 24	
GAS WELL TEST -	Size = 4
Natural Prod. Test: MCF/Day; Hours flowed	
tubing , Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):	
Size Feet Sax Test After Acid or Fracture Treatment: MCF/Da	
13-3/8 454 450 Choke Size Method of Testing:	
8-5/8 4520 1400. Acid or Fracture Treatment (Give amounts of materials used, such	
sand): 500 gal 15% MCA & 3000 gal 15% Casing Tubing Date first new	NE Acid
5-1/2 9169 400 Casing Tubing Date first new oil run to tanks Januar	y 14, 1960
2-3/8 9089 Oil Transporter Sullip Gd. Co. Tu	icks
Gas Transporter NOME	
Remarks: 7 Pumping Well.	
I hereby certify that the information given above is true and complete to the best of my knowled	_
Approved January 25 , 19 60 Whitehall Oil Company or Oper	
OIL CONSERVATION COMMISSION By: June By Due	, le
(Signature)	· · · · · · · · · · · · · · · · · · ·
y: // Office Manager	
Send Communications regardite	arding well to:

Address 1814 Mercantile Bank Bldg., Dallas,