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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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 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.

Midland, Texas June 1, 1965
(Place) (Date)

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

Midwest Oil Corp. State "C", Well No. 1, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)
K, Sec. 32, T. 13-S, R. 34-E, NMPM., Wildcat Pool

County. Date Spudded. 2-25-65 Date Drilling Completed 4-13-65

Please indicate location:

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

Elevation 4157 CL Total Depth 10,987 PBTD 10,954

Top Oil/Gas Pay 10,344 Name of Prod. Form. Upper Penn

PRODUCING INTERVAL -

Perforations 10,344-10,360

Open Hole Depth Casing Shoe 10,986 Depth Tubing 10,412

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 Choke load oil used): 340 bbls. oil, 0 bbls water in 24 hrs, min. Size 16/64"

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 gallons mud acid

Casing Tubing Date first new Press. 0 Press. 475# oil run to tanks May 1, 1965

Oil Transporter Pan American Petroleum Corp.

Gas Transporter None

Remarks: 475# TP, GOR 946, gravity 43 at 60 deg.

Cancel lower allowable

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

Approved: 19

Midwest Oil Corp.
(Company or Operator)

By: (Signature)

OIL CONSERVATION COMMISSION

Title: Dist. Clerk
Send Communications regarding well to:

Name: Midwest Oil Corp.

Address: 1500 East 1st St.

By:

Title: