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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 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.

Maljamar, N. M. 2/26/64
(Place) (Date)

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

Water-Flood Associates, Inc., Mitchell, Well No. 3X, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L, Sec. 5, T. 17S, R. 32E, NMPM, Maljamar Pool
Unit Letter

Lea

Please indicate location:

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

1720/S 400/W
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>155'</u>	<u>50</u>
<u>4-1/2"</u>	<u>4031'</u>	<u>500</u>

County. Date Spudded 1-25-64 Date Drilling Completed 2-7-64
Elevation 4065 KDB Total Depth 4040 PBDT 4006

Top Oil/Gas Pay 3746 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3748, 3750, 3851, 3855, 3991, 3993, 3996, 4002.

Open Hole _____ Depth _____ Casing Shoe 4040 Depth _____ Tubing 3981

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 62 bbls. oil, 12 bbls water in 24 hrs, 0 min. Choke Size _____

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): 1000 Gal. HCl Acid, 10,000 gal. Water, 10,200# Sand

Casing Press. 4200 Tubing Press. -- Date first new oil run to tanks 2-20-64

Oil Transporter Continental Pipe Line Co.

Gas Transporter None

Remarks:

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

Approved _____, 19____

Water-Flood Associates, Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Jack Sayers (Signature)

Title Project Engineer
Send Communications regarding well to:

Name Water-Flood Associates, Inc.

Address Box 376, Artesia, N. M.

By _____ Title _____