

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLES OFFICE 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-102 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.

Hobbs, New Mexico

May 12, 1958

(Place)

(Date)

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

Drilling & Exploration Co., Inc.

Johns B

Well No. 4

SE

NW 1/4

(Company or Operator)

(Lease)

F

Sec. 24

T. 17S

R. 32E

NMPM.

Maljamar

Pool

Unit Later

Lea

County. Date Spudded 11-27-57

Date Drilling Completed 12-23-57

Elevation 4063 KB

Total Depth 4324

PBTD 4175

Please indicate location:

Top Oil/Gas Pay 4130

Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 4130-40; 4146-50

Open Hole

Depth

Casing Shoe 4323

Depth

Tubing 4140

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): 49.66 bbls. oil, 0.10 bbls. water in 8 hrs, No min. Choke Size Pumping

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 gal. mud acid, 20,000 gal. frac., 20,000# sand

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 5-9-58

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter None

Remarks:

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

Approved: _____, 19_____

Drilling & Exploration Company, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

By: _____

Title Division Production Superintendent

Send Communications regarding well to:

Title _____

Name Drilling & Exploration Company, Inc.

Address Box 2075 Hobbs, New Mexico