

NEW MEXICO OIL CONSERVATION COMMISSION
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 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
(Place)

February 12, 1959
(Date)

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

W.E. Pittman
(Company or Operator)

Shell State
(Lease)

Well No. 1, in SE 1/4 NE 1/4,

Unit Letter
H

Sec. 8

T. 17S

R. 33E

NMPM., Roberts

Pool

Lea

County. Date Spudded. 12-7-58

Date Drilling Completed 12-29-58

Please indicate location:

Elevation 4198.8 Total Depth 4465 PBD none

Top Oil/Gas Pay 4290 Name of Prod. Form. Grayberg

PRODUCING INTERVAL -

Perforations 4290 to 4306, 4386 to 4394, 4410 to 4426

Open Hole Depth 4465 Casing Shoe 4465 Tubing 4445

OIL WELL TEST -

Natural Prod. Test: none bbls. oil, none bbls water in none hrs, none min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 22 bbls. oil, no bbls water in 24 hrs, min. Choke Size 200

GAS WELL TEST -

Natural Prod. Test: No Gas 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):

12,500# sand 25000 gallons oil

Casing Tubing Date first new February 10, 1959

Press. oil run to tanks

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter

Remarks:

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

Approved, 19.....

W.E. Pittman

(Company or Operator)

OIL CONSERVATION COMMISSION

By

By

(Signature)

Title Owner

Send Communications regarding well to:

Name W.E. Pittman, Box 83
Midland, Texas

Address