

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Dallas, Texas

December 30, 1958

(Place)

(Date)

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

RUSSELL MAGUIRE

Phillips-State

Well No. **3-9**, in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

N Sec. **9**, T. **17S**, R. **33E**, NMPM., **Undesignated (Roberts Ext.)** Pool

Unit Letter

Lea

County. Date Spudded **12-3-58**

Date Drilling Completed **12-13-58**

Elevation **4202 BF** Total Depth **4436** PBD

Please indicate location:

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

Top Oil/Gas Pay **4332** Name of Prod. Form. **Grayburg - San Andres**

PRODUCING INTERVAL -

Perforations **4332 -36, 4384 -88, 4420 -26**

Open Hole **None** Depth **4435** Depth **4319**
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test **No test** bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **120** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **20/64**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	295	185
5-1/2	4435	30 ax / 25 gal Latex
2-3/8	4319	

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): **2000 gals acid, 30,000 gals refined oil, 55,000# sand**

Casing Tubing Date first new
Press **Sealed** Press. **130#** oil run to tanks **12-28-58**

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **None - Gas vented to atmosphere**

Remarks: _____

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

Approved: _____, 19_____

RUSSELL MAGUIRE

(Company or Operator)

By: *Keith E. Galt*
(Signature)

OIL CONSERVATION COMMISSION

By: *Keith E. Galt*

Title _____

Title **Engineer**
Send Communications regarding well to:

Name **RUSSELL MAGUIRE**

Address **2706 Republic National Bank Bldg.**
Dallas, Texas