

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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-104 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 **April 27, 1959**
(Place) (Date)

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

Murphy H. Baxter State **"18-13"**, Well No. **2**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

L Sec. **18**, T-**17-S**, R-**33-E**, NMPM., **Maljamar** Pool
Unit Letter
Lea County. Date Spudded **3-26-59** Date Drilling Completed **4-10-59**

Please indicate location:

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

Elevation **4182' DF** Total Depth **4479'** PBD
Top Oil/Gas Pay **4129'** Name of Prod. Form. **Grayburg-San Andres**

PRODUCING INTERVAL - **4364'-80', 4284'-94', 4241'-68', 4185'-4225'**
Perforations **4129'-4134'**
Open Hole **--** Depth Casing Shoe **4476.9'** Depth Tubing **4149.35'**

OIL WELL TEST -
Natural Prod. 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 Choke load oil used): **61.2** bbls. oil, _____ bbls water in **24** hrs, _____ min. Size **8/64"**

GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	190'	150
5 1/2"	4467.9'	150 & 1200 Gals.
2 3/8"	4140.35'	

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): **61,000 Gals. frac & 97,250 # sand**
Casing Tubing Date first new
Press. **1500** Press. **7200** oil run to tanks **April 24, 1959**

Oil Transporter **Texas-New Mexico Pipe Line Co.**
Gas Transporter **Phillips Petroleum Company**

Remarks: **22.41.90**

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

Approved _____, 19____ **Murphy H. Baxter**
(Company or Operator)

OIL CONSERVATION COMMISSION

By **[Signature]**
(Signature)

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

Name **Murphy H. Baxter**
Address **507 Midland National Bank Bldg. Midland, Texas**

Title _____