

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 QUADRUPPLICATE 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.

HOBBS, NEW MEXICO
(Place)

August 18, 1958
(Date)

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

J. DON HUDGENS, INC.
(Company or Operator)

Well No. 3, in NE 1/4 SE 1/4,
(Lease)

I, Sec. 8, T. 16S, R. 34E, NMPM., HUBB-QUEEN Pool
Unit Letter

LEA

County. Date Spudded 8-1-58 Date Drilling Completed 8-8-58

Please indicate location:

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

Elevation 4139 KB Total Depth 3979 PBD 3944

Top Oil/Gas Pay 3922 Name of Prod. Form. Pourage Queen

PRODUCING INTERVAL -

Perforations 3922-3942 15 holes
Open Hole Depth 3969 Casing Shoe 3969 Tubing 3909

OIL WELL TEST -

Natural Prod. Test: 72 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. 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): Perforated with 250 gal mud acid in hole No additional treatment

Casing Tubing Date first new Press. Press. oil run to tanks 8-12-58

Oil Transporter Western Oil Transportation, Inc.

Gas Transporter

Remarks: Well completed on pump - COR TEST

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

Approved: 8-22-58, 19 J. DON HUDGENS, INC.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature] (Signature)

Title: Agent
Send Communications regarding well to:

Name: J. DON HUDGENS, INC.

Address: Box 1898, Hobbs, New Mexico

Figure 1. The effect of the concentration of the *Agaricus bisporus* spores on the growth of *Agaricus bisporus* on the substrate.

[illegible][illegible]