

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)

7-16-57

(Date)

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

THE OHIO OIL COMPANY State "SA"

Well No. 2

SE

1/4

NE

1/4

(Company or Operator)

H

Sec. 20

T. 16S

(Lease)

R. 34E

NMPM., Kennitz Wolfcamp

Pool

Unit Letter

Lea

Please indicate location:

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

County. Date Spudded. 5-5-57

Date Drilling Completed 7-4-57

Elevation 4140' KB

Total Depth 10,740'

PBTD 10,708'

Top Oil/Gas Pay 10,594'

Name of Prod. Form. Townsend Wolfcamp

PRODUCING INTERVAL -

Perforations 10,594-604', 10,614-686' with 6 jets/ft. (Schl. meas.)

Open Hole -

Depth

Casing Shoe 10,726'

Depth

Tubing 10,698'

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): 261.72 bbls. oil, 21.96 bbls water in 18 hrs, 0 min. Choke Size 25/64"

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 gals mud acid & 5,000 gals XLST acid

Casing Press. plcr Tubing Press. 720# Date first new oil run to tanks 7/15/57

Oil Transporter Gulf Refining Company - Western Pipe Line Division

Gas Transporter GPM Gas Corporation EFFECTIVE: February 1, 1992

Remarks: Request top allowable 216 BOPD effective 7/15/57

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

Approved: _____, 19____

THE OHIO OIL COMPANY

ORIGINAL (Company or Operator)

By: SIGNED BY: B. G. HOWARD

(Signature)

OIL CONSERVATION COMMISSION

By: E. Fischer

Title Asst. Supt.

Send Communications regarding well to:

Title _____

Name The Ohio Oil Company

Address Box 2107, Hobbs, New Mexico