

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New MexicoREQUEST FOR (OIL) - (~~GAS~~) ALLOWABLENew 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)January 19, 1955
(Date)

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

Humble Oil & Refining Company Hulda A. Townsend, Well No. 7, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)K, Sec. 9, T. 16S, R. 35E, NMPM., Townsend-Wolfcamp Pool
(Unit)

Lea County. Date Spudded 11-16-54, Date Completed January 18, 1955

Please indicate location:

	X		

Elevation 4024.07 Total Depth 10556, P.B. 10552

Top oil/gas pay 10408 Prod. Form Wolfcamp

Casing Perforations: 10408-10428, 10453-10487 or

Depth to Casing shoe of Prod. String —

Natural Prod. Test 497.04 BOPD

based on 207.10 bbls. Oil in 10 Hrs. — Mins.

Test after acid or shot — BOPD

Based on — bbls. Oil in — Hrs. — Mins.

Gas Well Potential —

Size choke in inches 1/4

Date first oil run to tanks or gas to Transmission system: 1-18-55

Transporter taking Oil or Gas: Service Pipe Line Company

Casing and Cementing Record

Size Feet Sax

10-3/4	445.42	375
7-5/8	4613.00	2000
5-1/2	10556.00	410

Remarks:

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

Approved: _____, 19____

Humble Oil & Refining Company
(Company or Operator)By: *[Signature]*
(Signature)Title: District Chief Clerk
Send Communications regarding well to:

Name: M. A. Rogers

Address: Box 2347, Hobbs, New Mexico
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OIL CONSERVATION COMMISSION

By: *[Signature]*

Title: _____