

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Kermit, Texas

November 4, 1954

(Place)

(Date)

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

Magnolia Petroleum Company J. C. Maxwell, Well No. 6, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

H, Sec. 27, T. 11-S, R. 37-E, NMPM., Denton Wolfcamp Pool
(Unit)

Leon County. Date Spudded 9-1-54, Date Completed 10-19-54

Please indicate location:

| | | | |
|--|--|--|-------|
| | | | |
| | | | 2210' |
| | | | 330' |
| | | | |
| | | | |

Elevation 3830' D.F. Total Depth 9450' P.B. 9446'Top oil/gas pay 9350' Prod. Form WolfcampCasing Perforations: 9350-9375, 9399, -9414 or

Depth to Casing shoe of Prod. String

Natural Prod. Test - - BOPDbased on - - bbls. Oil in - - Hrs - - Mins.Test after acid or shot 89.3 BOPDBased on 89.3 bbls. Oil in 24 Hrs 0 Mins.Gas Well Potential GOR 174/1Size choke in inches PumpDate first oil run to tanks or gas to Transmission system: 10-19-54Transporter taking Oil or Gas: Service Pipe Line Company

Casing and Cementing Record

Size Feet Sax

| | | |
|-----------------|------|------|
| 10 3/4" | 470 | 500 |
| 7-5/8" | 4725 | 2035 |
| 5-1/2" | 4926 | |
| Liner 9450-4524 | 350 | |

Remarks: New Well, Original Filing

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

Approved _____, 19____

Magnolia Petroleum Company
(Company or Operator)

By: [Signature]
(Signature)

Title Asst. District Superintendent
Send Communications regarding well to:

Name Magnolia Petroleum CompanyAddress Box 727, Kermit, Texas

OIL CONSERVATION COMMISSION

By: [Signature]

Title _____