NEW AEXICO OIL CONSERVATION COMI. SION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWARI

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned by any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE 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 carendar month of completion or recompletion. The completion date shall be that date in the case of an initial well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			Midland, Texas April 13, 195	<u>}</u>
/E ARE H	ERERY I	REOUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	
			Mammie Graham , Well No. 1 , in NW 1/4 NW	1/4
(Con	npany or O	perator)	(Lease)	*
D	, Se	c 31	T. 16-S, R. 37-E, NMPM, Lovington Paddock	Poo
(Unit)				
res	•••••		County. Date Spudded3-5-53, Date Completed4-11-53	
Please	indicate	location:		
x			Elevation, 3834 (GR) Total Depth 6250, P.B 6249	••••
			Top oil/gas pay	
			Casing Perforations: 6204 -6249	O l
			Depth to Casing shoe of Prod. String. 6250	
			Natural Prod. Test. No test BC	PE
			based onbbls. Oil in	(ins
	•••••	•••••	Test after acid or shot 292.80	PL
Casing a Size	and Cemen Feet	ting Record Sax	Based on 243.96 bbls. Oil in 20 Hrs. N	lins
13-3/8	309	350	Gas Well Potential.	
9-5/8		2600	Size choke in inches 32/64" choke	
7	6239	450	Date first oil run to tanks or gas to Transmission system: 4-11-53	
			Transporter taking Oil or Gas: Texas New Mexico P/L Co.	
emarks:			<u></u>	
т з ,		L.4.1		
		<i>71_</i>	ermation given above is true and complete to the best of my knowledge.	
pproved			The Texas Company (Company or Operator)	•••••
^		D	- 100th (Season	_
OII	L CONSE	KVATION 1	COMMISSION By: (Signature)	
/ 5				
I DV	, 111	7 W /L 1 L 1	Mill Aget Dist Sunt	
f	1 40	Wek	Title Asst. Dist. Supt. Send Communications regarding well to:	
y: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	y y	WWW.	Title Asst. Dist. Supt. Send Communications regarding well to: Name The Texas Company	

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