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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE 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 QUADRUPLICATE to the same District Office to which the well 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.

Abilene, Texas

5-29-61

(Place)

(Date)

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

McMahon, Wiley & Lowe

(Company or Operator)

Well No. **2-Q**, in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Lease)

O Sec. **36**, T. **17 S**, R. **33 E**, NMPM, **Wildcat** Pool

Unit Letter

Lea

County. Date Spudded **4-19-61** Date Drilling Completed **4-29-61**

Elevation **4109 K.B.** Total Depth **4018** PBTD **3977**

Top Oil/Gas Pay **3922** Name of Prod. Form.

PRODUCING INTERVAL -

Perforations **3933-38**

Open Hole Depth **4018** Casing Shoe Depth **3930** Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **650** bbls. oil, **0** bbls. water in **24** hrs, **0** min. Size **28/64** Choke

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 gal. of mud acid, 25 gal. H₂O₂, 20,000 gal. of oil plus 20,000 gal. of sand.**

Casing Press. **775** Tubing Press. **335** Date first new oil run to tanks **5-26-61**

Oil Transporter **The Permian Corporation**

Gas Transporter **None**

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved _____, 19____

OIL CONSERVATION COMMISSION

By: **Leslie A. Clements**

Title _____

By: **McMahon, Wiley & Lowe**
(Company or Operator)

By: _____
(Signature)

Title **Agent**

Send Communications regarding well to:

Name **McMahon, Wiley & Lowe**

Address **814 Citizens Nat'l Bk., Abilene, Texas**