

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 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 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, N. M. 2-10-62
(Place) (Date)

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

K. Byrom State #3, Well No. 1, in 1/4 NE 1/4,
(Company or Operator) (Lease)
A, Sec. 23, T. 18N, R. 36E, NMPM, Undesignated Pool
Unit Letter

Lea County. Date Spudded 1/5/62 Date Drilling Completed 2/27/62
Elevation 3782.2 GL Total Depth 5093 PBD 5027

Please indicate location:

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

Top Oil/Gas Pay 4442 Name of Prod. Form. ucens

PRODUCING INTERVAL -

Perforations 4448-4451; 4454-4459.

Open Hole 62' Depth 5031 Depth 4446
Casing Shoe 5031 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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: none MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>307</u>	<u>200</u>
<u>4-1/2"</u>	<u>5031</u>	<u>300</u>
<u>2-3/8"</u>	<u>4446</u>	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 350,000 MCF/Day; Hours flowed 24

Choke Size 14/64 Method of Testing: Critical flow prover.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 15,000 gal. refined oil, 15,000 sand

Casing 1425 Tubing 1400 Date first new oil run to tanks _____
Press. Press.

Oil Transporter _____

Gas Transporter _____

Remarks: _____

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

Approved _____, 19____ K. Byrom
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
Title _____

By: R. R. Anderson
(Signature)

Title Office Mgr.
Send Communications regarding well to:

Name K. Byrom

Address 100 - N. Gallego - Hobbs, N. M.