

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

Hobbs, New Mexico
(Place)

12/27/57
(Date)

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

Robert M. Moran
(Company or Operator)

Hardin "B"
(Lease)

Well No. 1, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,

E
Unit Letter

Sec. 18

T. 18 S.

R. 38 E

NMPM.,

Hobbs

Pool

Lea

County. Date Spudded. 9/8/57

Date Drilling Completed

12/26/57

Please indicate location:

Elevation 3678 DF

Total Depth

4128

PBTD

3940

Top Oil/Gas Pay

4020

Name of Prod. Form.

Grayburg

PRODUCING INTERVAL -

Perforations 4020-30, 4036-98

Open Hole

Depth

4127

Depth

3940

OIL WELL TEST -

Natural Prod. Test:

 bbls. oil,

 bbls water in

 hrs,

 min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 2.2 bbls. oil, .55 bbls water in 24 hrs, min. Size WO

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): A-W/1000 Mud, 5000 XLST, Frac w/15000 g & 15000#

Casing

Tubing

Date first new

11/19/57

Press.

Press.

oil run to tanks

Oil Transporter

Shell Pipe Line Co.

Gas Transporter

Remarks:

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

Approved , 19

Robert M. Moran

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

(Signature)

Title Robert M. Moran, Operator

Send Communications regarding well to:

Name Robert M. Moran

Address Box 1718, Hobbs, New Mexico

By

Title