

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. Sept. 2, 1958
(Place) (Date)

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

Robert M. Moran HARDIN, Well No. 2, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)
F, Sec. 18, T. 18S, R. 38E, NMPM, Hobbs Pool
Unit Letter

Lea County. Date Spudded 6-24-58 Date Drilling Completed 9-1-58
Please indicate location: Elevation 3665 KDB Total Depth 4143 FBTD

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

Top Oil/Gas Pay 3994 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 4084-4090, 4104-14
Open Hole Depth 4142 Casing Shoe Depth 4142 Tubing 4150

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): 40 bbls. oil, _____ bbls. water in 24 hrs, _____ min. Size 32/64

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): Acidized 1000 gals.

Casing Tubing Date first new

Press. 225 oil run to tanks 9-1-58

Oil Transporter Shell Pipe Line Co.

Gas Transporter Phillips Gasoline Co.

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	238	150
5 1/2	4142	250

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: _____

By: R. M. Moran
(Signature)

Title _____

Title R. M. Moran - Operator
Send Communications regarding well to:

Name R. M. Moran

Address Box 1718, Hobbs, N.M.