

# 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

6-8-59

(Place)

(Date)

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

R. M. Moran

Hardin B

Well No. 3

in NW 1/4

NW 1/4

(Company or Operator)

(Lease)

D

Sec. 18

T. 18S

R. 38E

NMPM.

Hobbs

Pool

Unit Letter

Lea

County. Date Spudded. 2-27-59

Date Drilling Completed

6-2-59

Please indicate location:

Elevation 3685 RB

Total Depth 4170

PBTD 4156

Top Oil/Gas Pay 4066

Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 4066-4146

Open Hole

Depth

Casing Shoe 4169

Depth

Tubing 4150

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 50 bbls. oil, 0 bbls water in 24 hrs, \_\_\_\_\_ min. Choke Size 16/64

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): 20,000 gals. refined oil 52,000# sand

Casing Tubing Date first new Press. \_\_\_\_\_ oil run to tanks 6-7-59

Oil Transporter Shell Pipe Line Co.

Gas Transporter Phillips Gasoline Co.

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8	240	200
4 1/2	4169	400

Remarks: \_\_\_\_\_

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

Approved: \_\_\_\_\_, 1959

R. M. Moran

(Company or Operator)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

By: R. M. Moran (Signature)

Title. R. M. Moran - Operator

Send Communications regarding well to:

Title \_\_\_\_\_

Name. R. M. Moran

Address. Box 1718 Hobbs, N. M.