

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 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

2-19-60

(Place)

(Date)

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

R. M. MORAN

Hardin "B"

Well No. 4

NE

NW

(Company or Operator)

(Lease)

1/4 1/4

C

Sec. 13

T. 18 S

R. 38 E

NMPM,

Hobbs

Pool

Unit Letter

Lea

County. Date Spudded. 12-1-59

Date Drilling Completed 2-10-60

Please indicate location:

Elevation 3679 R T

Total Depth 4194

PBTD

Top Oil/Gas Pay

Name of Prod. Form.

Grayburg

PRODUCING INTERVAL -

Perforations 4087 - 4162

Open Hole

Depth

Casing Shoe 4194

Depth

Tubing 4020

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): 45 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): 25,000 gal. refined oil & 55,000# Sand

Casing

Tubing

Date first new

Press.

Press.

oil run to tanks

2-18-60

Oil Transporter

Shell Pipe Line Co.

Gas Transporter

Phillips Gasoline Co.

Remarks:

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

Approved _____, 19 _____

R. M. MORAN

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

By: _____

Title: _____

R. M. Moran - Operator

Send Communications regarding well to:

Title: _____

Name: _____

R. M. Moran

Address: _____

Box 1718, Hobbs, New Mexico