

# 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 4-14-58

(Place)

(Date)

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

R. G. McPheron  
(Company or Operator)

S.P. Johnson  
(Lease)

, Well No. 2, in SW  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,

M  
Unit Letter

, Sec. 5

T. 18-S

R. 39-E

NMPM, South Carter San Andres Pool

Lea

County. Date Spudded 3-13-58

Date Drilling Completed 4-2-58

Please indicate location:

Elevation 3635.6

Total Depth 5246

PBTD 5235

Top Oil/Gas Pay 5097

Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations

Open Hole 5235

Depth

Casing Shoe 5097

Depth

Tubing 5225

OIL WELL TEST -

Natural Prod. Test: 2 bbls. oil, 0 bbls water in 11 hrs, 2 min. Choke Size 2"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 80 bbls. oil, 0 bbls water in 11 hrs, 2 min. Choke Size 2"

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): 4,000 gallons acid

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new  
Press. 2100 Press. 2100 oil run to tanks 4-11-58

Oil Transporter Shell Pipe Line Corporation

Gas Transporter \_\_\_\_\_

Tubing, Casing and Cementing Record

Size Feet Sx

8 5/8	344	200
5 1/2	5097	200

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

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

Approved \_\_\_\_\_, 19\_\_\_\_

R. G. McPheron

(Company or Operator)

OIL CONSERVATION COMMISSION

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

(Signature)

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

Title Operator

Send Communications regarding well to:

Title \_\_\_\_\_

Name R. G. McPheron

Box 176, Hobbs, New Mexico

Address \_\_\_\_\_