NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe. New Mexico

REQUEST FOR (OIL) - A ALLOWABLE

(Form C-104) Revised 7/1/57

New Well Rekarplehox

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 field during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when now oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			Hobbs, New Mexico March 27, 1963 (Place) (Date)
MAX		DN	NG AN ALLOWABLE FOR A WELL KNOWN AS: Mobil State , Well No. 1, in SE
P	, Sec	6	
•····	Lea	· · · · • · • • • • • • • • • • • • • •	County. Date Spudded 3-1-63 Date Drilling Completed 3-14-63
	ase indicate		Elevation 4075 GLTotal Depth 4342 GLPBTD 4310 GL
D	C B	A	Top Oil (24) Pay 4257 Name of Prod. Form. Queen
E	FG	H	Perforations 7 holes each at 4260, 4262 & 4263 Depth Depth Depth Open Hole Casing Shoe 4337 Tubing 4251
L	K J	I	OIL WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
м	N O	P X	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): <u>126</u> bbls.oil, <u>0</u> bbls water in <u>24</u> hrs, <u>0</u> min. Size <u>21</u> GAS WELL TEST -
	sing and Come Free		Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
8 5/8	325	275	Choke SizeMethod of Testing:
4 1/2	4337	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 cal. 15% * Casing Tubing Date first new
2 3/8	4251		CasingTubingDate first newPress.1000Press.4000oil run to tanksMarch 25, 1963Gil TransporterThe Permian Corporation
Remarks:			Gas Transporter owed by frac job of 43,000 gal. refined oil plus 70,000# sand ax. Pressure 4400#. Min. Pressure. 4300#.
	· ·		rmation given above is true and complete to the best of my knowledge. , 19. MAX M. WILSON (Company or Operator)
0	IL CONSER	VATION	COMMISSION By: C. W. Trainer (Signature)
By		••••••••••••••••••	TitleAgent Send Communications regarding well to:
Title	<u>//</u>		NameMAX_M. WILSON
			Address P. O. Box 1317, Roswell, New Mexico