

**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.

Midland, Texas

May 27, 1963

(Place)

(Date)

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

**TOM BROWN DRILLING CO., INC. - HUSTON**

Well No. 1, in SE 1/4 NE 1/4

(Company or Operator)

(Lease)

H 9 T 135 R 300 NMPM. Bishop Canyon Lea Pool

Unit Letter

Lea

County Lea Date Spudded 3-15-63

Date Drilling Completed 4-29-63

Please indicate location:

Elevation 3652.6 GL

Total Depth 3245

FBTD 4850

4743

Top Oil/Gas Pay \_\_\_\_\_ Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4 jet shots at 4757

Open Hole \_\_\_\_\_

Depth

Casing Shoe 4384

Depth

Tubing 4748

OIL WELL TEST

Swab 12 bphr for 12 hrs - 60% oil, 40% water.

Natural Prod. Test: XXXXX bbls. oil, XXXXX bbls water in 24 hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used): 71.76 bbls. oil, 17.94 bbls water in 24 hrs, \_\_\_\_\_ min. Choke Size 24/64

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

**Tubing, Casing and Cementing Record**

Size Feet Sx

|               |             |            |
|---------------|-------------|------------|
| <u>2 3/8</u>  | <u>4748</u> | <u>-</u>   |
| <u>7 3/8</u>  | <u>4884</u> | <u>300</u> |
| <u>10 3/4</u> | <u>356</u>  | <u>300</u> |
|               |             |            |

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): 250 gal. Spearhead Acid.

Casing \_\_\_\_\_ Tubing \_\_\_\_\_

Date first new

Press. 400 Press. 400 oil run to tanks 5-6-63

Oil Transporter \_\_\_\_\_

The Permian Corporation.

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

Phillips Petroleum Company.

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

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

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

Tom Brown Drilling Company, Inc.,

(Company or Operator)

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

(Signature)

**Consulting Geologist.**

Title \_\_\_\_\_

Send Communications regarding well to:

Name \_\_\_\_\_

Address \_\_\_\_\_

**OIL CONSERVATION COMMISSION**

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

Title \_\_\_\_\_