

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.

Artesia, New Mexico October 28, 1957  
(Place) (Date)

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

McCurdy-Trammell Joint Vent. Young, Well No. 12, in Sec. 20, T. 18S, R. 32E, NMPM, Young Pool

Lea County Date Spudded 9-11-57 Date Drilling Completed 9-22-57

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3755 Total Depth 4071 PBD 3845

Top Oil/Gas Pay 3774 Name of Prod. Form. Queens

PRODUCING INTERVAL -

Perforations 3774 Depth 3798

Open Hole Depth Casing Shoe 4071 Depth Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 54 bbls. oil, bbls water in 24 hrs, min. Size 1 1/2" Choke

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: 54 MCF/Day; Hours flowed 24

Choke Size 1 1/2" Method of Testing: Now Pumping

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 30,000 lbs. 100 gal. 20,000 gal. 40/60 & 30,000 gal. 20/40 sand  
Casing 30,000 Tubing 100 Date First new, 30,000 40/60 & 30,000 20/40  
Press. 425 Press. 150 oil run to tanks October 28, 1957

Oil Transporter

Gas Transporter

Remarks:

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

Approved, 19, McCurdy-Trammell Joint Vent. (Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature) (Signature)

By: Title Subst.

Title

Send Communications regarding well to:

McCurdy-Trammell Joint Vent

Name

Address 213 Carper blvd. Artesia, N M