

## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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 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	(Date)
WE ARE I	HEREBY	REQUEST	ING AN ALLOWABLE, I	FOR A WELL KNOWN AS:	(,
		Operator)	m Company	, Well No	SW
Unit La	,, inter	Sec35	, T17-S, R3	5-E, NMPM.,East.Vecuum.	AboPool
Lea			County. Date Spudded	7-6-61 Date Drilling Co	mpleted 8-17-61
		te location:		F - 3900 <sup>1</sup> Guotal Depth *9015 <sup>1</sup>	
D	C	BA	Top Oil/Gas Pay84	85 Name of Prod. Form.	Abo
			PRODUCING INTERVAL -	* Schlumberger	mcasur chiện l
E	F	G H	Perforations8904	Denth	Depth
-	-		Open Hole None	Casing Shoe *9015	Tubing 8954
L	K	JI	OIL WELL TEST -		Challe
-			Natural Prod. Test:	33bbls.oil,Obbls water in	14 hrs,min. Size_20/6
M	N		1	ture Treatment (after recovery of volume	Chaka
M	N .	0 P	load oil used):	bbls.oil,bbls water in	hrs,min. Size
			GAS WELL TEST -		
	<u> </u>		Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
Tubing ,Cas	sing and (	Cementing Reco	Method of Testing (pito	t, back pressure, etc.):	
Size Feet Sax		Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed		
2" EUE	8942	81	Choke SizeMet	hod of Testing:	
_	T		Acid or Fracture Treatme	ent (Give amounts of materials used, suc	h as acid, water, oil, and
52''00	9005.	70 1170	sand): <b>Hone</b> Casing Tubing		
8 5/804	n 2405	. 14 1850	Casing Tubing Press <b>Pkr</b> Press.	Date first new <b>300#</b> _oil run to tanks <b>8-17-6</b>	
				kas-New Mexico Pipeline Comp	
13 3/8	100 338	44 375		illips Petroleum Company	•
Remarks :			• • • • • • • • • • • • • • • • • • • •		
	•••••				
I herel	by certify	that the info	ormation given above is ti	rue and complete to the best of my know	wledge.
pproved	•••••	1	, 19	<u>Cities Service Petrole</u> (Company or O	umCompany
				, <b>e</b>	· · · · · · · · · · · · · · · · · · ·
	L CONS	DERVATION	COMMISSION	By: (Signature	:)
Contraction of the contraction o				Title District Clerk	
				Send Communications regarding well to:	
itle		••••••		Name G. M. Geyer	
-				Address. Box 97 - Hobbs, N	W Mexico