

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
(Place)

April 2, 1962
(Date)

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

Earl G. Colton
(Company or Operator)

Texaco-Hamon, Well No. 1, in NW 1/4 NE 1/4,
(Lease)

B, Sec. 23, T. 19 S, R. 35 E, NMPM., Undesignated (Pearl Queen) Pool
Unit Letter

Lea

Please indicate location:

D	C	<u>X</u> B	A
E	F	G	H
L	K	J	I
M	N	O	P

330/N & 2310/E

Tubing, Casing and Cementing Record

Size	Feet	SAX
8 5/8	161	50
4 1/2	5066	250
2 3/8	4975	

County. Date Spudded 2/20/62 Date Drilling Completed 3/17/62
Elevation 3793 KB Total Depth 5066 PBTD 4998

Top Oil/Gas Pay 4942 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4943-47, 4952-56, 4959-63

Open Hole _____ Depth _____ Casing Shoe 5063 Depth _____ Tubing 4975

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 40 bbls. oil, 10 bbls water in 12 hrs, no min. Choke Size Pump

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): 750 gal Spearhead acid, 41,000 gal lvs oil, 71,500# sand

Casing _____ Tubing _____ Date first new _____ & 1,000# Adomite
Press. 3900 Press. _____ oil run to tanks 4/1/62

Oil Transporter The Permian Corporation

Gas Transporter None

Remarks:

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

Approved _____, 19____

Earl G. Colton
(Company or Operator)

OIL CONSERVATION COMMISSION

By: A. L. Smith
(Signature)

By: _____

Title Agent

Send Communications regarding well to:

Title _____

Name Earl G. Colton

% OIL REPORTS & GAS SERVICES

Address BOX 763, HOBBS, NEW MEXICO