

## 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 Acct. Young, Well No. 7, in SW 1/4 NE 1/4,  
(Company or Operator) (Lease)

H, Sec. 20, T18S, R. 32E, NMPM, Young Pool  
Unit Letter

Lea

County. Date Spudded 9-25-57 Date Drilling Completed 10-7-57

Please indicate location:

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

Elevation 3756 Total Depth 4135 PBD

Top Oil/Gas Pay 3786 Name of Prod. Form. Queens

## PRODUCING INTERVAL -

Perforations 3786 3813

Open Hole Depth Casing Shoe 4135 Tubing 3756

## 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): 52 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: 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): 30,870 gal loose oil 30,000 #20/40 20,000 #40/60 sand

Casing Tubing Date first new

Press. 350 Press. 125 oil run to tanks 10-28-57

Oil Transporter T N M P L Co.

Gas Transporter

Remarks: well now pumping

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

Approved: 19 McCurdy-Trammell Joint Acct.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)  
(Signature)

By: Title

Send Communications regarding well to:

Title Name McCurdy-Trammell Joint Acct.

Address 213 Carper Bldg. Artesia, N M