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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.

Hobbs, New Mexico

(Place)

4-11-63

(Date)

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

Southern Union Production Company, Well No. 1-9, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

M, Sec. 9, T. 17 N, R. 37 E, NMPM, Indesignated Pool

Unit Letter

Lee

County. Date Spudded 2-17-63

Date Drilling Completed 4-4-63

Please indicate location:

Elevation 3780 KB Total Depth 9217 PBTD 9163

Top Oil/Gas Pay 8200 - 8910 Name of Prod. Form. 430

PRODUCING INTERVAL -

Perforations 8313-26, 8337-44, 8356-73, 8382-800

Open Hole _____ Depth _____ Casing Shoe 9217 Depth _____ Tubing 8200

OIL WELL TEST -

Natural Prod. Test: 45 bbls. oil, _____ bbls. water in 24 hrs, Swab Choke min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 120 bbls. oil, _____ bbls. water in 24 hrs, Swab Choke min. Size _____

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): 5000 gal. Retard. Acid

Casing _____ Tubing _____ Date first new oil run to tank: 4-11-63
Press. _____ Press. _____

Oil Transporter Petroleum Corp.

Gas Transporter _____

Remarks: _____

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

Approved 4-11-63, 1963

Southern Union Production Co.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: Field Foreman
(Signature)

Title Field Foreman

Send Communications regarding well to:

Name Southern Union Production Co.

Address Box 146, Hobbs, New Mexico