

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 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.

Albuquerque, New Mexico April 25, 1963
(Place) (Date)

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

E. L. Fundingsland

Tuxaco-Lea

Well No. **1**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

L
Unit Letter

Sec. **24**

T. **19S**

R. **35E**

NMPM., **Pearl Queen**

Pool

Lea

County. Date Spudded **1-20-63**

Date Drilling Completed **4-4-63**

Please indicate location:

Elevation **3727 NW** Total Depth **5069** PBD **5039**

Top Oil/Gas Pay **4912** Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **5001-4999, 4997-94, 4930-26, 4915-12 @ 4 spf**

Open Hole ***** Depth **5069** Depth Casing Shoe **5069** Depth Tubing **4992**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **49** bbls. oil, **9** bbls water in **6** hrs, **0** min. Size **Sub**

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) **207 250 gals acid, 25,000 gals ref. oil, 22,500 sand.**

Casing _____ Tubing _____ Date first new _____ **April 24, 1963**
Press. _____ Press. _____ oil run to tanks

Oil Transporter **Permian Corporation**

Gas Transporter _____

Remarks:

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

Approved _____, 19____

E. L. Fundingsland

(Company or Operator)

Original Signed by

By: **MORRIS B. JONES** **Morris B. Jones**
(Signature)

Engineer

Title _____

Send Communications regarding well to:

Name **E. L. Fundingsland**
1402 Denver U.S. Bank Bldg.

Address **Denver, Colorado**

OIL CONSERVATION COMMISSION

By: _____

Title _____

