

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

HOBBS OFFICE O. C. New Well
Revised 7/1/57

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 **November 6, 1963**
(Place) (Date)

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

Big "6" Drilling Company **Ora Jackson et al.**, Well No. **2**, in **SW 1/4 SW 1/4**,
(Company or Operator) (Lease)
M, Sec. **5**, T. **19 S.**, R. **35 E.**, NMPM, **Hobbs, New Mexico** (**Scharb Bone Springs**)
Unit Letter

Lea County. Date Spudded **10/4/63** Date Drilling Completed **11/1/63**
Please indicate location: Elevation **3872 GL** Total Depth **10,166** PBD **10,135**

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

Top Oil/Gas Pay **10,062** Name of Prod. Form. **Bone Springs**

PRODUCING INTERVAL -

Perforations **10,062-119**
Open Hole Depth Depth
Casing Shoe **10,165** Tubing **10,036**

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): **468** bbls. oil, **no** bbls water in **24** hrs, **no** min. Size **16/64"** 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): **10,000 gal 15% NE acid**

Casing Tubing Date first new
Press. Press. **6800** oil run to tanks **11/4/63**

Oil Transporter **The Permian Corporation**

Gas Transporter **None**

Remarks: **See attachment for deviation surveys**

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

Approved: **Big "6" Drilling Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **H. L. Smith**
(Signature)

Title: **Agent**

Send Communications regarding well to:

Name: **Big "6" Drilling Company**

% OIL REPORTS & GAS SERVICES

Address: **BOX 763 HOBBS, NEW MEXICO**

Title