NEW EXICO OIL CONSERVATION COMN Sonta 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 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.

			Midland, Texas Sept. 18, 1957 (Place) (Date)
		•	ING AN ALLOWABLE FOR A WELL KNOWN AS:
THERM.	CALIFO	RNIA PE	T.CORP. Federal-Bobb CWell No. 1 in SW 1/4 ME 1/4,
	· ·		, T208, R33E, NMPM.,
i			County Date Spudded 7-21-57 Date Drilling Completed 8-30-27
	se indicate		Elevation 3607 DF Total Depth 3360 PBTD 3356
			Top Oil/Gas Pay 3290 Name of Prod. Form. Yates
D	C B	A	PRODUCING INTERVAL -
			Perforations 3292-1328 Depth Depth
E	F G	1 1	Depth Depth Open Hole Casing Shoe 2360 Tubing 3274
			OIL WELL TEST -
L	K J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size_
		-	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	Choke load oil used): 60 bbls.oil, 0 bbls water in 24 hrs, min. Size Pum
			GAS WELL TEST -
Mng Car	ing and Cer	menting Reco	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
Size	Feet	Sax	
			Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
5 l	3369	995	Choke SizeMethod of Testing:
2-3/8	3274		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
- 4 , -	3	 	sand): 250 gals. MA. 10.000 gals. ref. oil & 15.000# sand
			Casing Tubing Date first new Press. 2000 Press. 2000 oil run to tanks Sept. 14.1957
			Oil Transporter Texas-New Mexico Pipe Line Co.
			Gas Transporter none
marks:			
••••••			
I herel	y certify t	hat the info	ormation given above is true and complete to the best of my knowledge.
proved			19 SCUTHERN CALIFORNIA PETROLEUM CORP.
			(Company or Operator)
Ol	L CONSE	RVATION	COMMISSION By: (Signature)
	and the second	2	Division Engineer.
:		<i>f</i>	Send Communications regarding well to:
tle	<i>L</i>	/ 	Name SC. CAL. PET. CORP.
			Name

Addres......Box. 1071...Midland. Toxas