

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE New Well

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-104 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
(Place)

10-29-57
(Date)

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

The Texas Company Beulah V. Lynch (a), Well No. 12, in NE 1/4, NE 1/4,

(Company or Operator) (Lease)
A, Sec. 34, T. 20-S, R. 34-E, NMPM, Lynch Pool
Unit Letter
Lea

Please indicate location:

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

County. Date Spudded. 9-16-57 Date Drilling Completed 10-21-57
Elevation 3718' (DF) Total Depth 3690 PBD -

Top Oil/Gas Pay 3679' Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations -

Open Hole 3679-3690 Depth Casing Shoe - Depth Tubing 3617

OIL WELL TEST -

Natural Prod. Test: 45 bbls. oil, - bbls water in 8 hrs, - min. Size - Choke

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

GAS WELL TEST -

Natural Prod. Test: - MCF/Day; Hours flowed - Choke Size -

Tubing, Casing and Cementing Record

Size	Feet	Sax
5 1/2	3669	1450

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): -

Casing - Tubing - Date first new 10-27-57
Press. - oil run to tanks

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter None

Remarks:

GOR-TSTM

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

Approved: - , 19 -

The Texas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: - (Signature)

By: -

Title Asst. Dist. Supt.

Send Communications regarding well to:

Title -

Name T.P. Drew

Address Box 1270, Midland, Texas