

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 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.

Hobbs, New Mexico
(Place)

3-12-59
(Date)

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

Cities Service Oil Co.
(Company or Operator)

Fowler B
(Lease)

, Well No. 1, in NE 1/4 SW 1/4,

K, Sec. 6,

T. 19-S, R. 32-E, NMPM., Hobbs

Pool

Unit Letter

Loc

County. Date Spudded 2-4-59

Date Drilling Completed 2-15-59

Please indicate location:

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

Elevation 3529' (KB) Total Depth 4250 FEET 4249'

Top Oil/Gas Pay 4148' Name of Prod. Form. Lower Grayburg

PRODUCING INTERVAL - 4202-4214 (12') 48 holes & 4146-4162 (16'); 4167-
Perforations 4172 (5'), 4178-4188 (10') - 124 holes

Open Hole = Depth 4250' Casing Shoe 4239.73'

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): 12.25 bbls. oil, 8.2 bbls water in 24 hrs, = min. Size =

GAS WELL TEST - Pumping Well- 11 SPM, 56" Stroke, OOR 470, Gr. 32.0

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): Sand frac 10,000 gal. 150 crude w/1/100 adomite, 10,000# sand

Casing Max. P. Tubing Date first new
Press. 1500# Press. @ 19.4 oil run to tanks March 11, 1959

Oil Transporter B/M To be designated on C-110. Remanville

Gas Transporter None

Remarks: * 536 ex Trinity inferno w/1/4 cu.ft. strata coke/ex & 6% gal followed by 200 ex
neat cement circulated.

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

Approved, 19

Cities Service Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: [Signature]

Title Dist. Supt.
Send Communications regarding well to:

Title

Name George M. Geyer

Address Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Cities Service Oil Company Lease Fowler "B"

Well No. 1 Unit Letter K S 6 T19-S R 38-E Pool Hobbs

County Lea Kind of Lease (State, Fed. or Patented) Patented

If well produces oil or condensate, give location of tanks: Unit K S 6 T19-S R 38-E

Authorized Transporter of Oil ~~or Condensate~~ Permian Oil Company

Address Box 2747, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Gas is vented - No gas purchaser available at this time

Reasons for Filing: (Please check proper box) New Well (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 16th day of March 19 59

By [Signature]

Approved _____ 19 _____

Title Dist. Supt.

OIL CONSERVATION COMMISSION

Company Cities Service Oil Co.

By [Signature]

Address Box 97

Title _____

Hobbs, New Mexico