

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

4-CCC
1-File

REQUEST FOR (OIL) - (GAS) ALLOWABLE ~~1-Hill-Dallas~~ 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

August 11, 1959

(Place)

(Date)

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

SOUTHWEST PRODUCTION COMPANY Orcutt State, Well No. 1, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

C, Sec. 11, T. 20, R. 37, NMPM., Eumert Pool
Unit Letter

Lee
Please indicate location:

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

660/N & 1980/N

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10-3/4"</u>	<u>324'</u>	<u>225</u>
<u>5-1/2"</u>	<u>3937'</u>	<u>300</u>
<u>2-3/8"</u>	<u>at 3719.28'</u>	

County. Date Spudded 7/4/59 Date Drilling Completed 7/22/59
Elevation 3610 GL Total Depth 3956 PBD 3870

Top Oil/Gas Pay 3782 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3782-3783; 3766-72 w/ A 1" JSPF

Open Hole _____ Depth _____
Casing Shoe _____ Depth _____
Tubing _____

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 13 bbls. oil, 0 bbls. water in 24 hrs, _____ min. Choke Size 1 1/4" Ch

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): 538 BB (300 crude 238 refined) 2000# sand

Casing _____ Tubing _____ Date first new

Press. 600# Press. 525# oil run to tanks 8/8/59

Oil Transporter _____

Gas Transporter _____

Remarks: SI for transporter- when connection is obtained, new C-110 and C-104 will be filed

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

Approved _____, 19 _____ SOUTHWEST PRODUCTION CO.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: _____ Title: Agent

Send Communications regarding well to:

Title _____ Name: c/o Oil Reports Box 763 Hobbs, N. M.

Address _____