

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 1-2-58
(Place) (Date)

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

Tres Oil Company Gill "A", Well No. 1, in NW/SW 1/4,
(Company or Operator) (Lease)

L, Sec. 31, T. 21S, R. 37E, NMPM., Undesignated Pool
Unit Letter

Lea County. Date Spudded 11-6-57 Date Drilling Completed 12-23-57

Please indicate location:

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

Elevation 3,488DEM Total Depth 3,748 PBTD -

Top Oil/Gas Pay 3,711 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations _____

Open Hole 3,710-48' Depth Casing Shoe 3,710 Depth Tubing 3,720

OIL WELL TEST -

Natural Prod. Test: None taken 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): 51 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 3/4"

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): 9,000 gal. acid plus 500 gals gel in 3 stages

Casing Tubing Date first new

Press. Packer Press. 1700# oil run to tanks awaiting connection 12/31/57

Oil Transporter Shell Pipeline Company

Gas Transporter Not connected as yet

Remarks:

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

Approved _____, 19____

Tres Oil Company

(Company or Operator)

By: John Adams
(Signature)

By: _____

Title: Agent

Send Communications regarding well to:

Title _____

Name: Tres Oil Company

Address: Box 1628, Hobbs, New Mexico

OIL CONSERVATION COMMISSION