

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 QUADRUPPLICATE 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 October 15, 1962
(Place) (Date)

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

Hisson Drilling Company Byers, Well No. 1, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
L, Sec. 7, T. 20 S, R. 36 E, NMPM, Skaggs Pool
Unit Letter

Lea

Please indicate location:

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

330/W & 1620/S

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	315	250
4 1/2	4305	195
2 3/8	4020	

County. Date Spudded 7/29/62 Date Drilling Completed 8/20/62
Elevation 3570 BP Total Depth 4305 PBD 4104
Top Oil/Gas Pay 3818 Name of Prod. Form. Grayburg
PRODUCING INTERVAL - 3912-22, 3926-28, 3963-73, 3979-83, 3991-95, 4003-17 & 4028-32.
Perforations 3818-26, 3835-39, 3849-51, 3882-85, 3887-91, 3895-99,
Open Hole _____ Depth _____ Casing Shoe 4305 Depth _____ Tubing 4020

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): 40 bbls. oil, 20 bbls water in 24 hrs, no min. Size none

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): See remarks
Casing _____ Tubing _____ Date first new _____
Press. 3800# Press. _____ oil run to tanks 10/14/62

Oil Transporter The Permian Corporation

Gas Transporter None

Remarks: Perfs 3818-3928: 20,000 gal refined oil & 30,000# sand.

Perfs 3963-4032: 15,000 gal refined oil & 19,500# sand.

Deviation surveys on reverse side.

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

Approved _____, 19____

Hisson Drilling Company

(Company or Operator)

By: J. L. Smith
(Signature)

Title Agent

Send Communications regarding well to:

Name Hisson Drilling Company

Address % OIL REPORTS & GAS SERVICES
BOX 763 HOBBS, NEW MEXICO

OIL CONSERVATION COMMISSION

By: _____

Title _____

SEVIATION SURVEYS:

Depth Distance

1.35	1 3/4
2377	2 1/4
2708	2 1/2
2999	2
3250	1 1/2
3589	1 1/2
3774	1
3774-4305	cored

The above information was furnished me by W. A. Haglin, Production Superintendent, Hissom Drilling Company from his drilling records.

W. L. Smith
W. L. Smith

Subscribed and sworn to before me this 15th day of October, 1962.

W. L. Smith
Notary Public in and for
 Los County, New Mexico

My Commission Expires 12/20/65