

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.

Odessa, Texas

4/30/58

(Place)

(Date)

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

Dixilyn Drilling Corporation

Well No. **1**, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

Unit Letter

Lea

Sec. **10**

T. **22-8**

R. **35-E**

NMPM Wildcat

Pool

Old Well Re-entered

County. Date Spudded **3-31-58**

Date Drilling Completed

4-3-58

Elevation **3630**

Total Depth **4200**

FRTD

Top Oil/Gas Pay **3960**

Name of Prod. Form. **Yates**

PRODUCING INTERVAL -

4044-52, 4078-90, 4093-4113

Perforations **3973-80, 3982-92, 4012-17, 4021-26, 4033-40,**

Open Hole **None**

Depth

4196

Depth

4119

OIL WELL TEST -

Natural Prod. Test: **None** 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): **35.54** bbls. oil, **41.20** bbls water in **24** hrs, _____ min. Size **Pumping**

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): **40,000 gal oil frac 40,000# sand**

Casing Press. **3300** Tubing Press. **4000** Date first new oil run to tanks **4-27-58**

Oil Transporter **McWood Corporation**

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	220	225
5 1/2"	4196	250 sx 8% neat
2 3/8	4119	
EUE		

Remarks: _____

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

Approved _____, 19____

DIXILYN DRILLING CORPORATION

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Lloyd A. Pickering

By: _____

Title **Vice President**

Send Communications regarding well to:

DIXILYN DRILLING CORPORATION

Name _____

BOX 3427, ODESSA, TEXAS

Address _____