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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 JULY 15, 1963  
(Place) (Date)

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

NOLAN BRUNSON, JR. & E. W. LAUGHLIN, Well No. 1, in SW 1/4 NW 1/4,  
(Company or Operator) (Lease)  
E, Sec. 17, T. 20S, R. 37E, NMPM., MONUMENT Pool  
Unit Letter  
LEA

Please indicate location:

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

County Date Spudded 6-22-63 Date Drilling Completed 6-30-63  
Elevation 3550 DF Total Depth 3800 FBTD 3789

Top Oil/Gas Pay 3748 Name of Prod. Form. GRAYBURG

PRODUCING INTERVAL -

Perforations 3748-50; 3765-67; 3785-87  
Open Hole Depth Casing Shoe 3800 Depth Tubing 3700

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke  
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 45 bbls. oil, 0 bbls water in 24 hrs, min. Size Choke 28/64

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):

Casing Press. 220 Tubing Press. 450 Date first new oil run to tanks 7-14-63

Oil Transporter GULF

Gas Transporter WARREN

Remarks: ACID W/1250 GALS., FRAC. W/10,000 GALS. PLUS 10,000#

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

Approved: 19

BRUNSON & LAUGHLIN  
(Company or Operator)

By: Nolan Brunson NOLAN BRUNSON  
(Signature)

Title OPERATOR

Send Communications regarding well to:

Name BRUNSON & LAUGHLIN

Address Box 1010 HOBBS, NEW MEXICO

OIL CONSERVATION COMMISSION

By:

Title