

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

DUPLICATE

## 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

 HOBBS, NEW MEXICO DECEMBER 29, 1953  
 (Place) (Date)

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

 ME-TEX SUPPLY CO. WALLACE, Well No. 2, in Lot 1/4 12 1/4,  
 (Company or Operator) (Lease)  
 L, Sec. 3, T. 21, R. 36 NMPM, EUMONT Pool  
 (Unit)  
 LEA County. Date Spudded 3-29-36, Date Completed 4-29-36

Please indicate location:


Elevation 3511 Total Depth 3875, P.B.

Top oil/gas pay Top of Prod. Form 2840

Casing Perforations: Braden Head or

Depth to Casing shoe of Prod. String

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential 1,500,000 cubic feet per day

Size choke in inches

Date first oil run to tanks or gas to Transmission system:

Transporter taking Oil or Gas: SOUTHERN UNION GAS CO.

## Casing and Cementing Record

Size Feet Sax

10 3/4	232	150
7 5/8	2586	900
5 1/2	3685	40

 Remarks: This form required under Rule R-370-A and there is dedicated to this  
 gas well Lots 4, 5, 11 and 12, Section 3, Township 21 South, Range 36 East,  
 containing 160 acres, more or less.

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

Approved DEC 31 1953, 19.

OIL CONSERVATION COMMISSION

 By: S. J. Stanley  
 Engineer District 1  
 Title
ME-TEX SUPPLY COMPANY  
(Company or Operator)

By: (Signature)

Title Attorney  
Send Communications regarding well to:

Name

Address