

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
(Place)

December 2, 1958
(Date)

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

Humble Oil & Refining Company (Company or Operator), Well No. 9, in BK 1/4 NE 1/4,

Sec. 23, T. 21-S, R. 36-E, NMPM., Elmore Pool

Countv. Date Spudded. Date Drilling Completed 11-12-58

Please indicate location:

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

Elevation 3561 DF Total Depth 3791 PBTD 3767

Top Oil/Gas Pay 3617 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3617-3622, 3629-3639, 3642-3644, 3648-3650, 3656-3663, 3669-3674

Open Hole Depth Casing Shoe 3791 Depth Tubing 3600

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): bbls. oil, bbls water in hrs, min. Size Choke

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: Flow Meter

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand) 300 gals acid, 20,000 gals. 100% grade, 400 gals.

Casing Tubing Date first new

Press. 340 Press. 340 oil run to tanks

Oil Transporter

Gas Transporter El Paso Natural Gas Comp. Inc.

Remarks Well presently shut in, waiting on gas line connection

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

Approved, 19, Hobbs Oil & Refining Company

(Company or Operator)

OIL CONSERVATION COMMISSION

ORIGINAL

By: SIGNED, R. G. TONKIN

(Signature)

Title

Send Communications regarding well to:

Name: Hobbs Oil & Refining Company

Address: Box 2473, Hobbs, N.M.