

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

**REQUEST FOR ~~LEASE~~ - (GAS) ALLOWABLE**

**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.

Midland, Texas

12/22/61

(Place)

(Date)

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

C. E. LONG  
(Company or Operator)

Peech-State  
(Lease)

Well No. 2, in NE  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,

K  
Unit Letter

Sec. 32

T.21-S

R.36-E

NMPM, Jalmat Gas

Pool

Lea

County. Date Spudded 11/12/56

Date Drilling Completed 12/10/56

Elevation 3615 Ground

Total Depth 3910'

PBTD 3906'

Please indicate location:

D	C	B	A
E	F	G	H
L	K e <sup>2</sup>	J	I
M	N	O	P

Top ~~Oil~~/Gas Pay 3654'

Name of Prod. Form. 7 Rivers

PRODUCING INTERVAL -

Perforations 3754-3770' & 3780-3800'

Open Hole -----

Casing Shoe 3910'

Depth  
Tubing 3888.5'

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 Choke load oil used): \_\_\_\_\_ bbls.oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>310</u>	<u>225</u>
<u>5 1/2"</u>	<u>3910</u>	<u>2 stage 300+200</u>
<u>2 3/8" tubing</u>	<u>3888</u>	<u>Baker D packer at 3828'</u>

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: 1.650 MCF/Day; Hours flowed 24

Choke Size 48/64" Method of Testing: 4 point back pressure test

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter Shell Pipe Line Corp.

Gas Transporter El Paso Natural Gas Co.

Remarks: This request is made in connection with Conservation Commission Administrative Order NSP-463, 1/12/59

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

Approved: \_\_\_\_\_, 19\_\_\_\_\_

C. E. LONG

(Company or Operator)

**OIL CONSERVATION COMMISSION**

By: \_\_\_\_\_

(Signature)

By: \_\_\_\_\_

Title Owner-Operator

Send Communications regarding well to:

Title \_\_\_\_\_

C. E. Long

Name 508-C Wilkinson-Poster Bldg.

Midland, Texas

Address \_\_\_\_\_