

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New MexicoREQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE~~Recompletion~~
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

(Place)

March 9, 1956

(Date)

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

Humble Oil & Refining Co., N. M. State V a/s 3, Well No. 4, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)N, Sec. 10, T. 21-S, R. 37-E, NMPM, Nare Pool
(Unit)Lea County. Date Workover Started 2-28-56, Date Completed 3-4-56
Smoked

Please indicate location:

	X		

Elevation 3474 Total Depth 8043, P.B.Top oil/gas pay 7770 Name of Prod. Form McKen SandCasing Perforations: 7770-7790 orDepth to Casing shoe of Prod. String 8043

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot 91.15 BOPDBased on 91.15 bbls. Oil in 24 Hrs. Mins.

Gas Well Potential

Size choke in inches 5/16Date first oil run to tanks or gas to Transmission system: 3-3-56Transporter taking Oil or Gas: Gulf Refining Co.

Casing and Cementing Record

Size Feet Sax

10-3/4	325	300
7-5/8	3084	1600
5-1/2	8029	400

Remarks: GOR-9073, Corrected Gravity 41.3Gen. Tom Swenson - Camel Swenson P.O.

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

Approved March 9, 19 56Humble Oil & Refining Co.

(Company or Operator)

By: [Signature]
(Signature)Title Agent

Send Communications regarding well to:

Name M. M. RogersAddress Box 2347, Hobbs, N. M.
mob

OIL CONSERVATION COMMISSION

By: [Signature]

Title

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