

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

Hobbs, New Mexico
(Place)

7-15-63
(Date)

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

Cities Service Oil Co. State S, Well No. 3, in SE 1/4 NW 1/4
(Company or Operator) (Lease)

F, Sec. 15, T. 21S, R. 37E, NMPM, Blinberry Pool
Unit Letter

Lea

County. Date Spudded 6-26-63 Date Drilling Completed 7-15-63

Please indicate location:

Elevation 3447 DP Total Depth PBTD 5991

Top Oil ~~Lea~~ 5797' Name of Prod. Form. Blinberry

PRODUCING INTERVAL -

Perforations 5797-5827', 5836-5866', 5876-5906'

Open Hole - Depth Casing Shoe - Depth Tubing 5753'

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): 348 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size 12/64 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:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1500 gal. reg. acid, 30,000 gal. lease crude, 30,000# sand

Casing Tubing Date first new 7-15-63
Press. Pkr. Press. - oil run to tanks

Oil Transporter Tex-New Mexico Pipe Line Co.

Gas Transporter Skelly Oil Co.

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	313	350
8 5/8	2788	500
5 1/2	8019	350

Remarks:

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

Approved, 19

Cities Service Oil Co.

(Company or Operator)

By: (Signature)

Dist. Supt.

Title: Send Communications regarding well to:

Name: G. M. Geyer

Address: Box 69 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By:

Title: