

REQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE O. C. New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE 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)

10-28-63  
(Date)

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

Cities Service Oil Company State S, Well No. 6, in SW 1/4 NW 1/4,  
(Company or Operator) (Lease)

E 15, T 21S, R. 37E, NMPM, Blinebry Pool  
Unit Letter  
Lea

County. Date Spudded 9-30-63 Date Drilling Completed 10-25-63  
Elevation 3457 DF Total Depth OTD 8193 PBD 5945

Please indicate location:

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

Top Oil/Gas Pay 5793 Name of Prod. Form. Blinebry

PRODUCING INTERVAL -

Perforations 5793-96, 5802-20, 5826-30, 5838-42, 5847-53 & 5858-5908

Open Hole - Depth 8042 Casing Shoe 5882

OIL WELL TEST -

Natural Prod. Test: - bbls. oil, - bbls water in - hrs, - min. Choke Size -

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 158 bbls. oil, 14 bbls water in 24 hrs, - min. Choke Size 20/64"

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): 2000 gal. 1ST acid, 30,000 gals. oil frac, 30,000# sand

Casing Tubing Date first new 10-25-63  
Press. - oil run to tanks

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter Skelly Oil Co. (Gashead)

Remarks:

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

Approved: 19 Cities Service Oil Company  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

Title: District Superintendent  
Send Communications regarding well to:

Name: George M. Geyer

Address: Box 69 - Hobbs, New Mexico

By: Title