

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

Hobbs, New Mexico

August 5, 1954

(Place)

(Date)

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

Cities Service Oil Company

State "C"

Well No. 3

NE

SW

(Company or Operator)

(Lease)

K

Sec. 16

T. 21-S

R. 36-E

NMPM

Bumont

Pool

(Unit)

Lea

Date recompletion started 7-19-54

Date recompletion completed 7-29-54

County. Date Spudded 11-26-35

Date Completed 12-26-35

Please indicate location:

Elevation 3624' Total Depth 3851' P.B. -

Top gas pay 3130' Name Seven Rivers
Top of Prod. Form

Casing Perforations: 3130' to 3250' or

Depth to Casing shoe of Prod. String 3748'

Natural Prod. Test - BOPD

based on - bbls. Oil in - Hrs. - Mins.

Test after acid or shot - BOPD

Based on - bbls. Oil in - Hrs. - Mins.

Gas Well Potential Well produced at a rate of 1230 MCF/day with
a stabilized casing pressure of 625 psig.

Size choke in inches 17/64"

Date first oil run to tanks or gas to Transmission system: No pipeline connection
installed to date

Transporter taking Gas: Permian Basin Pipeline Company

Casing and Cementing Record

Size Feet Sax

12 5/8	297	150
9 5/8	1710	800
7	3748	150

Remarks:

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

Cities Service Oil Company

Approved: AUG 10 1954, 19

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

(Signature)

Title Asst. Division Supt.

Send Communications regarding well to:

Name

Address Box 97, Hobbs, New Mexico

By:

Title