## NEW M ICO OIL CONSERVATION COMMIS )N Santa Fe, New Mexico

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

## REQUEST FOR (OIL) - (ALLOWABLE

New Well

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 6-11-63 (Place) (Date)
			NG AN ALLOWABLE FOR A WELL KNOWN AS:
C. W	TRAIN	ER erator)	Wilson "G" , Well No. 1 , in NW , SW , (Lease) T 21S , R 34E , NMPM, Undesignated Pool
UMR M	Miles		
Lea		· /···	County. Date Spudded 1-21-63 Date Drilling Completed 2-6-63
Plea	se indicate	location:	Elevation 3710 GL 3722 DF Total Depth 4003 PBTD 3987
D	C B	A	Top Oil/Gas Pay 3940 Name of Prod. Form. Yates  PRODUCING INTERVAL -
			Perforations 3940 - 3953
E	F G	H	Depth Depth Open Hole Casing Shoe Tubing
L	KJ	I	OIL WELL TEST - Choke
	A	+	Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 9 bbls.oil, 2 bbls water in 24 hrs,min. Size
<del>_</del>			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
	sing and Cem Feet	enting Recor Sax	
Size	1	OAX -	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8-5/8	346'	250	Choke Size Method of Testing:
5 _1 /2	4003	100	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
5-1/2	4003	100	sand): 10,000 gal oil - 10,000# sand Casing Tubing Date first new A-reil 15 1062 *
2"	3970		Casing Tubing Date first new Press. Press. oil run to tanks April 15, 1963 *
	1		Oil Transporter The Permian Corp.
			No Connection
.emarks:	We purc	hased t	his well from Ralph Lowe and it was producing under a
00 bar	rel tes	ting al	lowable then. Test shown above was taken 6-10-63.
I here	by certify th	nat the info	rmation given above is true and complete to the best of my knowledge.
pproved			, 19
0	IL CONSE	RVÆTION	COMMISSION By:
	1,00	111	(Signature)
By:	74	<u> </u>	Title Owner-Operator  Send Communications regarding well to:
itle		- //	
	······································		Name C. W. Trainer
			Address P. O. Box 2222, Hobbs, New Mexic