

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

Hobbs, New Mexico

10-4-57

(Place)

(Date)

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

THE OHIO OIL COMPANY State McDonald A/C 1 "B", Well No. 3, in NW 1/4 SE 1/4,

(Company or Operator)

(Lease)

J
Unit Letter

Sec. 26

T. 22S

R. 36E

NMPM., South Eunice

Pool

Lea

County. Date Spudded 9-16-57

Date Drilling Completed 9-26-57

Please indicate location:

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

Elevation 3481.6 G.L.

Total Depth 3805' PBD 3800'

Top Oil/Gas Pay 3674'

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3674'-3702' and 3708'-3754'

Open Hole Depth Casing Shoe 3804' Depth Tubing 3765'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 48.05 bbls. oil, no bbls water in 6 1/2 hrs, - min. Size 16/64"

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): 500 gals mxd acid & 10,000 gals 1#/gal sand oil

Casing Press. 850# Tubing Press. 200# Date first new oil run to tanks 10-4-57

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter

Remarks: Request top allowable of 37 BOPD effective 10-4-57.

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

Approved: 19

THE OHIO OIL COMPANY

ORIGINAL (Company or Operator)

By: SIGNED BY: E. G. HOWARD

(Signature)

OIL CONSERVATION COMMISSION

Title: Asst. Supt.

Send Communications regarding well to:

Name: The Ohio Oil Company

Address: Box 2107, Hobbs, New Mexico

By: *E. G. Howard*

Title:

DISTRIBUTION: NEW MEXICO C.

Mr. J. A. Grimes
Mr. L. H. Shaver
Mr. D. T. Kitley
Mr. T. A. Steele
Mr. T. C. Webb