NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GLAG) 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 form calendar month of completion or recompletion. The completion date shall be that date in the case of an off well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				HobbeNew Mexico (Place)	March	(Date)
E ARE	HEREBY	REQUESTI	ING AN ALLOWABLE FO	OR A WELL KNOWN AS	:	, ,
lexas. P (C	acific ompany or	Coal & Oil	1 Co., State MAH A/o	_1 , Well No 48	, in 85	!⁄4!⁄4 ,
				, NMPM., La ı		
••••••	Lea		County. Date Spudded	3/7/59 Date Dr	illing Completed	3/14/59
		e location:	Elevation3475_D	Total Depth 3	PBT 2	37901
D	C B	BA	Top Oil/Gas Pay 367	Name of Frod. Fo	orm. Seven Ri	Vers
			PRODUCING INTERVAL -			
E	F	G H		<u>, 3690-95, 3708-16, 3</u>		
	-		Open Hole	Depth Casing Shoe	37991 Deptr Tubirg	35751
L	K J	JI	OIL WELL TEST -			
			Natural Prod. Test:	bbls.oil,bbls	water inhrs	Choke ,min. Size
M	N		T est After Acid or Fractu	ire Treatment (after recovery	of volume of oil e	qual to volume of
		0 P	load oil used):398	bbls.oil,bbls wate	r inhrs,	Choke min. Size 22/6
	x		GAS WELL TEST -	475# T.P. GOR - 141	2	·
			_ Natural Prod. Test:	MCF/Day; Hours f	lowed Chck	e Size
ıbing "Ca	sing and C	ementing Reco	_	back pressure, etc.):		
Size	Feet	Feet SAX		ure Treatment:		
8-5/84	314.	200		od of Testing:		
5-1/2"	37891	250	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 25,000 gal. oil & 40,000# gand			
2"	35450		Casing 2600 Tubing	Date first new oil run to tanks		
	35651					59
				as-New Mexico Pipelin	e Company	·····
marke						·
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•••••	••••••	••••••••••••••••••••••				••••
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proved	by certify	t'	10			
proved	•••••••	••••••			any or Operator)	
0	IL CONS	ERVATION	COMMISSION	By: G	il-	
. /		11		•	(Signature)	
;	<i></i>	XLL		Title District Eng	<u> </u>	well to:
ile				Send Communi	cations regarding	well to:
		•••••••		Name. Texas Pacific	Coal & 011 (

Address P. O. Box 1688 - Hobbs, New Maxico