

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 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 April 3, 1959
(Place) (Date)

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

Texas Pacific Coal & Oil Co. State **"A" A/o-1**, Well No. **49**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
D, Sec. **10**, T. **23S**, R. **36E**, NMPM., **Langlie-Mattix** Pool
Unit Letter

Lea

Please indicate location:

D ●	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. **Lea** Date Spudded **3/16/59** Date Drilling Completed **3/23/59**
Elevation **3497' BF** Total Depth **3800'** PBD **3789'**

Top Oil/Gas Pay **3690** Name of Prod. Form. **Seven Rivers**

PRODUCING INTERVAL -

Perforations **3690-3710, 3722-3732, 3744-3748, 3760-3766**

Open Hole _____ Depth _____ Casing Shoe **3799'** Depth _____ Tubing **3677'**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **77.44** bbls. oil, **10.56** bbls water in **6** hrs, _____ min. Size **29/64** Choke

GAS WELL TEST - **675 psi T.P., 3074 GOR**

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	319	300
5-1/2	3790	250
2	3667	

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): **25,000 gal. refined oil and 50,000# sand**

Casing Tubing _____ Date first new _____
Press. **2500** Press. _____ oil run to tanks **3/29/59**

Oil Transporter **Texas-New Mexico Pipeline Co.**

Gas Transporter **Phillips Petroleum Company**

Remarks: _____

CHANGE OF OPERATION FROM
TEXAS PACIFIC OIL COMPANY
A DIVISION OF JOSEPH E. SEABOARD & SONS, INC.
TO TEXAS PACIFIC OIL COMPANY, INC.
EFFECTIVE MAY 1, 1959

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

Approved _____, 19____

Texas Pacific Coal & Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: *[Signature]*
(Signature)

Title **District Engineer**

Send Communications regarding well to:

Title _____

Name **Texas Pacific Coal & Oil Company**

Address **P. O. Box 1688 - Hobbs, N. M.**