

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

May 26, 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. **56**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

L Sec. **10**, T. **23S**, R. **36E**, NMPM., **Langlie-Mattix** Pool

Unit Letter

La

County **De Soto** Date Spudded **4/5/59**

Date Drilling Completed **4/15/59**

Elevation **3449 KB 3438 GL** Total Depth **3765'** FBTD **3688'**

Please indicate location:

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

Top Oil/Gas Pay **3638'** Name of Prod. Form. **Langlie-Mattix**

PRODUCING INTERVAL -

Perforations **3638-48 ; 3676-82**

Open Hole **-** Depth **-** Casing Shoe **3764'** Depth Tubing **3620'**

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 Choke load oil used): **75** bbls. oil, **245** bbls water in **24** hrs, _____ min. Size **3/4**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	329	300
5-1/2	3755	250
2-3/8	3615	

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): **10,000 gals. refined oil and 15,000# sand**

Casing Press. **2900** Tubing Press. **-** Date first new oil run to tanks **5/22/59**

Oil Transporter **Texas-New Mexico Pipeline**

Gas Transporter **None**

Remarks: **Original perms. 3693-3704, 3707-12, and 3714-21 were squeezed off. FBTD 3688'. See Form C-103.**

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: *[Signature]* (Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **Texas Pacific Coal & Oil Company**

Address **Box 1688 Hobbs, New Mexico**

By: *[Signature]*

Title _____