

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/e-1**, Well No. **60**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. **13**, T. **23S**, R. **36E**, NMPM, **Langlie-Mattix** Pool

Unit Letter

Lea

County. Date Spudded **5/5/59** Date Drilling Completed **5/15/59**
Elevation **3402 KB 3391 GL** Total Depth **3706** PBD **3695**

Please indicate location:

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

Top Oil/Gas Pay **3593** Name of Prod. Form. **Queens**

PRODUCING INTERVAL -

Perforations **3593-3606; 3609-3615; 3617-20; 3626-28**

Open Hole **-** Depth **-** Casing Shoe **3705** Depth **3635**
Tubing

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): **167** bbls. oil, **22** bbls water in **6** hrs, **-** min. Size **22/64** Choke **B.S. &**

T.P. 475 GOR 668

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
3-5/8	315	300
5-1/2	3695	250
2-3/8	3625	

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): **1,000 gal. mud acid**

Casing **-** Tubing **2500** Date first new **5/24/59**
Press. **-** Press. **-** oil run to tanks

Oil Transporter **Texas-New Mexico Pipeline Company**

Gas Transporter **None**

Remarks: **-**

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: **John Smith**
(Signature)

Title: **Petroleum ENGINEER**

Send Communications regarding well to:

Name: **Texas PACIFIC Coal & Oil Company**

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

Title **-**