

N. MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

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

Hobbs, New Mexico

12-14-56

(Place)

(Date)

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

Cities Service Oil

Brunson B

, Well No. 3, in SW 1/4 SW 1/4,

(Company or Operator)

(Lease)

M

(Unit)

Lea

Sec. 3, T. 22-S, R. 37-E, NMPM, Tubb Pool

County. Date Spudded 6-9-47

Date Completed 7-17-47

Recompletion began 8-23-56 Recompletion completed 10-19-56

Please indicate location:

Elevation 3433 Total Depth 6570, P.B. -

Top oil/gas pay 5888 Name of Prod. Form Tubb

6176-6136, 6114-6094, 6090-6074, 6068-6060,
Casing Perforations 6030-6013, 5994-5984, 5958-5888 or

Depth to Casing shoe of Prod. String 6500

Natural Prod. Test - BOPD

based on - bbls. Oil in - Hrs. - Mins.

Test after acid or shot - BOPD

Based on - bbls. Oil in - Hrs. - Mins.

Flowed 184.4 MCF gas w/16.7 barrels oil
Gas Well Potential cut. 2% BS & water in 24 hrs.

Size choke in inches 16/64

Date first oil run to tanks or gas to Transmission system:

Transporter taking Oil or Gas: Not designated

Casing and Cementing Record

Size Feet Sax

13"	284'	300
8 5/8"	2791'	500
5 1/2"	6490'	350

Remarks: Test was taken Oct. 19, 1956. Tubb zone was shut in pending pipeline connection.

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

Approved _____, 19____

Cities Service Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *[Signature]*

(Signature)

By: *[Signature]*

Title District Superintendent

Send Communications regarding well to:

Title _____

Name Fred Lawson

Address Box 97, Hobbs, New Mexico