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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexic

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

REQUEST FOR (OIL) - (GAS) ALLOWARLE

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			7=	7-24-63 (Date)	
ARE HE	REBY RE	QUESTIN	G AN ALLOW	ABLE FOR A	WELL KNOWN	AS:		
		=		Hugh	, Well No4.		NK 1/4	NE 1/4
(Compa	any or Ope	rator)		(Lease)				
, 	, Sec	. 14	T223	R. 37E,	NMPM., Rli n	ebry CLl	***************************************	Poo
Unit Letter						4000	>-	m on 10
Lea			County. Date	Spudded	Dat	PROPERTY CO	completed .	/-21-63
Please i	indicate lo	cation:	Elevation	3336	Total Depth_	6540	PBTD	6340
			Top Oil	5661.	Name of Prod	. Form.	Linebry	
DC	B	A	PRODUCING INTER	RVAL -				
ļ		•				/ 4		
E P		127	Perforations	2007, 2085,	, 5706° & 574	01	Decab	
	G	H	Open Hole		Depth Casing S hoe	6397	Tubing	6047*
LK	J	Ī	OIL WELL TEST -	-		•		Choke
_ "		+	Natural Prod. 1	Test:bb	ls.cil,b	bls water in	hrs, _	min. Size_
1			Test After Acid	d or Fracture Tre	atment (after recov	erv of volum	e of oil eaus	l to volume of
N	0	P			il, <u>O</u> bbls			
· • • • • • • • • • • • • • • • • • •			load oil used):	bbls.o	il, <u>u</u> bbls	water in <u>6</u>	hrs,	min. Size
			GAS WELL TEST -	-				
660° FN	LET.						٠	_
(F00	DTAGE)			Test:	MCF/Day; Hou	rs flowed	Choke S	Size
ing ,Casing	g and Comer	nting Record	Method of Test:	ing (pitot, back	pressure, etc.):	······································		
Size	Feet	Sax	Test After Acid	d or Fracture Tre	atment:	MCF	Dav: Hours f	lowed
13-3/8	302	Cire.	Choke Size	Method of T	esting:			
9-5/8	2874	1300	Acid or Fractur	e Treatment (Give	amounts of materi	als used, suc	ch as acid, w	ater, oil, and
70	/000	***	Casing	Tubing 6000	Date first new oil run to tanks	7_1	K_62	
*###	6397	504					.7-07	
			Oil Transporter	Permian C	orporation		·	- -
			-					
2-3/8"	6047*		Can Turnanata	. None - no	educing inte	tant tank	•	
2-3/8"		Ded who will	•		Oducing into			
2-3/8**	andoned	Drinkard	and dually	completed I	linebry dl. w	ith exist	ing Tubb	Gas
2-3/8**	andoned	Drinkard DC-259	and dually	completed I		ith exist	ing Tubb	Gas
2-3/8**	andoned	DC-259	and dually	completed I	linebry dl. w	ith exist	ing Tubb	Gas
2-3/87 narks: Ab On	andoned der No.	DC-259	and dually	completed I	linebry dl. w	ith exist	ing Tubb	Gas
2-3/87 narks: Ab Or	andoned der No.	DC-259	and dually	completed I	complete to the be	ith exist	ing Tubb	Gas
2-3/8" narks: Ab Or	andoned der No.	DC-259	and dually	completed I	complete to the be	ith exist st of my kno Oil Gorpe	ing Tubb wledge.	Gas
2-3/87 marks: Ab Or I hereby	der No.	BC-259 at the inform	and dually	pove is true and	complete to the be	ith exist st of my kno Oil Corpo Company or C	ing Tubb wledge. pration	Gas
2-3/87 marks: Ab Or I hereby	certify the	DC-259 at the information (mation given ab	pove is true and, 19	complete to the be	ith exist st of my kno Oil Corpo Company or C	ing Tubb wledge. perator)	Gas
2-3/87 marks: Ab Ox I hereby	certify the	DC-259 at the information (mation given ab	pove is true and, 19	complete to the be	st of my kno Oil Corpe Company or C	wledge. pration perator)	Ges
2-3/87 marks: Ab Or I hereby	certify the	DC-259 at the information (mation given ab	pove is true and, 19	complete to the be	st of my kno Cil Corpo Company or Company or Company (Signature	wledge. wretion perator) c)	Ges
2-3/87 narks: Ab Or I hereby proved	certify that	at the inform	mation given ab	completed I	complete to the be Gulf (Complete to the be)	st of my kno Cil Corpe Company or C (Signatur Production	wledge. wration perator) n Manager regarding we	Ges
2-3/87 marks: Ab Or I hereby	certify that	at the inform	mation given ab	completed I	complete to the be	st of my kno Oil Corpo (Signatur Production unications	wledge. wration perator) Manager regarding we	Ges