NEW M ICO OIL CONSERVATION COMMIS N Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 sont. 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.

	muo ule sock tanks. Que mu				Hobbs, N.M.			l, 1960	
					(Place)	••••••	•••••	(Date	:)
Humbl	e Oil &	Refining	g Co. Stat	æ M	R A WELL KN Well No.	20	SE	NW	
(Con F	apany or Op Sec	erator) 29	-22 -S	R 37-E		Langlie Mat	tix atad~5*28		Poc
	Lea			2 2	-27-60	Data Datilita	a Completed	5-15-60	
	indicate		County. Date Spudded 2-27-60 Date Drilling Completed 5-15-60 Elevation						
Please	- indicate	location:	Top Oil/Gas F	,3622	Name	of Frod. Form	Queen		
D	В	A	PRODUCING INT	ERVAL -			•		
		_	Perforations_	3622-363	2, 3642-3650 Depth Casir)			
E	G	H	Open Hole		DepthCasin	ng Shoe	Depth 	ag	
			OIL WELL TEST				000211520		
LF	K J	I		•	bbls.oil,	bbls water	inhrs	,	Choke Size_
			Test After A	or Fractur	e Treatment (afte	er recovery of vo	olume of sil e	qual to vo	lume of
MN	1 0	P	load oil usec	i):b	bls.oil,	bbls water in	18 <u>-</u> hrs, <u>-</u>	Ch 	oke ze
			GAS WELL TEST						
19801	fr NL -	1980'fr	WL Natural Prod.	Test:	MCF/I)ay; Hours flowed	dChok	e Size	
ubing Casi	ing and Cem	enting Reco			back pressure, et				
Size	Fret	Sax			e Treatment:			_	
9-5/8	1155	800	1		of Testing:	-			
					(Give amounts of	materials used.	such as acid	, water, o	ii, and
2 - 7/8	3717	200	15.000	l cal Humb	le Frac oil.	. 30.000# se	ind	,,	
			Casing 630	Tubing.	Date first 	new 5-28-60)		
·		<u> </u>	uil Traperort	Texas	New Mexico I	Pipe Line Co	ompany		
			Gas Transport	Skell	y Oil Compar	ny			
marks:				····		·····			•••••
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I hereb	y certify tl	hat the inf	ormation given	above is true	and complete to	the best of my	knowledge.		
pproved				,, 19	·····		or Operator)		••••
					- (Company			
OI	L CONSE	RVATION	I COMMISSIO	N	By :	(Sigr	ature)		
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Address.....