

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well  
~~Existing Well~~

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

Midland, Texas

7-23-62

(Place)

(Date)

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

Western Natural Gas Company

Mathins

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

(Company or Operator)

(Lease)

K, Sec. 14, T. 23-S, R. 36-E, NMPM, Langlie-Mattin Pool

Unit Letter

Lea

County. Date Spudded 6-21-62 Date Drilling Completed 6-29-62

Elevation 3366.4 Total Depth 3602 PBTD 3399

Top Oil/Gas Pay 3558 Name of Prod. Form. 7 Rivers-Queens

PRODUCING INTERVAL -

Perforations 3558.3570.3593 w/2 JEFT: 3582.3589.3598 w/1 JEFT

Open Hole Depth Casing Shoe 3602 Tubing 3399

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): 195 bbls. oil, 0 bbls water in 24 hrs, min. Size 1/4" Choke

GAS WELL TEST -

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

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): 20,000 gals oil, 30,000 gal sand & 1,000 gal 15% acid

Casing Tubing Date first new Press. 550 Press. 110 oil run to tanks July 7, 1962

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks:

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

Approved: 19

WESTERN NATURAL GAS COMPANY

(Company or Operator)

By: [Signature] (Signature)

Title Office Manager

Send Communications regarding well to:

Name Western Natural Gas Company

Address 823 Midland Tower, Midland, Texas

OIL CONSERVATION COMMISSION

By: [Signature]

Title

