

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 December 15, 1958
(Place) (Date)

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

Magnolia Petroleum Company State "C" Well No. 2 in SW 1/4 SE 1/4,
(Company or Operator) (Lease)
0 Sec. 16 T. 23S R. 36E NMPM. Jalmat (Yates) Pool

Unit Letter

Lea

Re-Completion Started Re
County. Date 8-26-58 Date 8-31-58
Elevation 3435 Total Depth 3697 PBD 3391

Please indicate location:

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

Top ~~Gas~~ Pay 3064 Name of Prod. Frm. Yates

PRODUCING INTERVAL -

Perforations 3064-3172 4 Sets
Open Hole 197 Depth 3500 Depth 3165
Casing Shoe Tubing

CIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	328	100
7 5/8"	1441	200
5 1/2"	3500	200

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 402.46 MCF/Day; Hours flowed 20.5

Choke Size 3/8" Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 20,000 gal water and 20.0 0% sand

Casing Tubing Date first new
Press. _____ Press. 2000# oil run to tanks _____

Cil Transporter _____

Gas Transporter No Connection Phillips Petroleum Co.

Remarks: _____

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

Approved: _____, 19 _____

Magnolia Petroleum Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Lee E. Robinson, Jr.
(Signature)

Title District Gas Superintendent
Send Communications regarding well to:

Name Magnolia Petroleum Company
Box 2106

Address Hobbs, New Mexico
Attn: Mr. Lee E. Robinson, Jr.

Title _____