

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

REQUEST FOR (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 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

9-27-57

(Place)

(Date)

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

The Texas Company

A.H. Blinberry (NCT-1)

(Company or Operator)

Well No. 3, in SE 1/4 NW 1/4,

Sec. 29, T. 22S, R. 38E, NMPM.,

Tubbs

Pool

Unit Letter

Lea

W/O Comm.

County. Date Spudded 3-5-57

Date Completed 8-25-57

Elevation 3382' (DP)

Total Depth 6995 PBD 6293

Top Gas Pay 6193

Name of Prod. Form. Tubbs

PRODUCING INTERVAL -

Perforations 6156-6193; 6193-6243

Open Hole -

Depth Casing Shoe 6893

Depth Tubing 6100

OIL 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 load oil used): - bbls. oil, - bbls. water in - hrs, - min. Choke Size -

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: 803 MCF/Day; Hours flowed 24

Choke Size 15/64" Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 3500 gal Acid & 10,000 gal frac 1# sand/gal, Casing 20000 lbs frac 1# sand/gal, Press 5300 Press. oil run to tanks 4800

Oil Transporter

Gas Transporter None

Remarks: Please refer to form C-116 filed September 6, 1957 as per order #2-898 granting permission to dually complete subject well.

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

Approved: 19

The Texas Company

(Company or Operator)

By: (Signature)

OIL CONSERVATION COMMISSION

By: (Signature)

Title: Asst. Dist. Supt.

Send Communications regarding well to:

Title: (Signature)

Name: T.P. Drew

Box 1270, Midland, Texas

Address:

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