

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

March 31, 1958

(Place)

(Date)

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

Western Oil Fields Inc.

Drinkard

Well No. **2**

in **NW**

SW

(Company or Operator)

(Lease)

1/4, 1/4,

L
Unit Letter

Sec. **30**

T. **22S**

R. **38E**

NMPM,

Drinkard

Pool

Lee

County. Date Spudded.

Date Drilling Completed

Please indicate location:

Elevation **3322 G.L.**

Total Depth **6954'**

PBTD **—**

Top Oil/Gas Pay **6532'**

Name of Prod. Form. **Drinkard**

PRODUCING INTERVAL -

Perforations **None**

Open Hole **6775 to 6954'**

Depth

Casing Shoe **6775'**

Depth

Tubing **6924'**

OIL WELL TEST -

Natural Prod. Test: **0** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke **Open**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **65** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke **17/64**

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): **4500 gal. S.L.T. Dowell Acid.**

Casing Press. **0** Tubing Press. **2900** Date first new oil run to tanks **3-10-58**

Oil Transporter **Texas-New Mexico Pipeline Company**

Gas Transporter **None**

Remarks: **This is a dual completion, Drinkard Oil and Tubbs Gas. This is an old gas well produced from Tubbs since 1952.**

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

Approved: _____, 19____

Western Oil Fields, Inc.

ORIGINAL (Company or Operator)

H. U. Bird, Jr.

By: _____
(Signature)

OIL CONSERVATION COMMISSION

By: *E. J. ...*

Title **Petroleum Engineer**

Send Communications regarding well to:

Title _____

Name **Western Oil Fields Inc.**

Address **P.O. Box 1147, Hobbs, New Mexico**