

NEW MEXICO OIL CONSERVATION COMMISSION	
DISTRIBUTION	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

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 can 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 the date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15,000 psi at 60° Fahrenheit.

Hobbs, New Mexico

8-24-62
(Date)

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

Humble Oil & Refining Company, Malcolm Madera "B", Well No. **1**, in **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

F Unit Letter, Sec. **10**, T. **26-S**, R. **33-E**, **Undesignated** Pool

Lea

Please indicate location:

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

2310' FNL & 2310' FWL
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	312	225
2-7/8	5115	375

County. Date Spudded **8-6-62**
Elevation **3301 DF Est.** Total Depth **5126** PBD **5108**

Top Oil/Gas Pay **5059** Name of Prod. Form. **Delaware**

PRODUCING INTERVAL -

Perforations **5059 - 5061**

Open Hole **—** Depth **5126** Tubing **Tubingless**

OIL WELL TEST -

Natural Prod. Test: **—** bbls oil, **—** bbls water in **—** hrs, **—** min. Size **—**

Test After Acid or Fracture Treatment (volume recovery of volume of oil equal to volume of load oil used): **70** bbls oil, **—** bbls water in **24** hrs, **—** min. Size **1**

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 amount of materials used, such as acid, water, oil, and sand): **500 gal acetic acid, 2000 gal Humble frac.**

Casing **Tubingless** Press. **200** Name of new oil run to tanks **8-21-62**

Oil Transporter **The Permian Corporation**

Gas Transporter **None**

Remarks: **—**

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

Approved: **—**, 19 **—** **Humble Oil & Refining Company**

(Company or Operator)

ORIGINAL

ARVIN D. EADY

By: **—** SIGNED: **—** (Signature)

OIL CONSERVATION COMMISSION

By: **—** Title **Agent**

Send Communications regarding well to:

Title **—** Name **Humble Oil & Refining Company**