

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°F and 14.7 psia~~ **MIDLAND, TEXAS** **8-29-57**

(Place) _____ (Date) _____
WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **W. H. BLACK** **FLORA B DAVIS** **2** **NW** **NE**
_____, Well No. _____ in _____ 1/4 _____ 1/4,
(Company or Operator) **335** (State) **(NM)** **LANGLIE-MATTIX**
_____, Sec. _____, T. _____, R. _____, NMPM, _____ Pool
Unit Letter **LEA** **11-7-57** **11-16-57**
County. Date **8-29-57** Date Drilled Completed **-**

Please indicate location:

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

Elevation **3500'** Total Depth **Permian Sand**
Top Oil/Gas Pay _____ Name of Prod. Form. _____
PRODUCING INTERVAL
Intervals 3507 to 3662' - 412 Shots
Perforations _____ **3745'** **3700'**
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____
OIL WELL TEST - **0**
Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of **14/64**
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
GAS WELL TEST - **-**

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	385'	325
5 1/2	3745'	1400

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): **4000 Gall Acid - 20,000 Gall Oil, 20,000 Gall Sand**
Casing _____ Tubing **60** Date first new **11-29-57**
Press. _____ Press. **Permian Oil Company**
Oil Transporter _____
Gas Transporter _____

Remarks: **Request for exception to No-Flare Order being prepared at this time.**

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

(Company or Operator)

By: **AGENT** (Signature)

Title _____

Send Communications regarding well to:

W. H. BLACK

Name **BOX 174**

MIDLAND, TEXAS

Address _____