

REQUEST FOR (OIL) - (GAS) ALLOWABLES OFFICE OF 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 QUADRUPPLICATE to the same District Office to which the well was assigned. An 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

August 19, 1959

(Place)

(Date)

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

Samedan Oil Corporation

Hughes A-2

Well No. 8, in SE 1/4 SE 1/4,

(Company or Operator)

(Lease)

P

Sec. 9

T. 23S

R. 37E

NMPM.

Langlie - Mattix

Pool

Unit Letter

Lea

County. Date Spudded 7-27-59

Date Drilling Completed 8-6-59

Please indicate location:

Elevation 3293.5 G.L. Total Depth 3640 PBD 3634

Top Oil/Gas Pay 3504 Name of Prod. Form. Queens

PRODUCING INTERVAL - 3504-19, 3524-29, 3539-48, 3554-74, 3585-90,

Perforations 3594-3603, 3615-20

Open Hole - Depth 3639 Depth 3479
Casing Shoe Tubing

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): 72 bbls. oil, 0 bbls water in 2 hrs, 12 min. Choke Size 20/64

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): Frac treated w/24,000 oil carrying 36,000# sd.

Casing 315 Tubing 275 Date first new August 15, 1959
Press. oil run to tanks

Oil Transporter Shell Pipe Line

Gas Transporter Skelly Oil Company

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved: _____, 19_____
Samedan Oil Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: _____
(Signature)

Title: District Engineer

Send Communications regarding well to:

Name: Samedan Oil Corporation

Address: Box 2137, Hobbs, New Mexico