

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

August 26, 1959

Hobbs, New Mexico

(Place)

(Date)

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

J. C. MAN, JR. & JOHN H. HILL La Mangan Federal

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

(Company or Operator)

(Lease)

H

Sec. 21

T. 23

R. 37

NMPM,

Langlie-Hettix

Pool

Unit Letter

Lee

County. Date Spudded 8/10/59

Date Drilling Completed 8/20/59

Please indicate location:

Elevation 3200 GL

Total Depth 3602

PBTD 3545.45

Top Oil/Gas Pay 1422

Name of Prod. Form. Porezone

PRODUCING INTERVAL -

Perforations 3402-92, 3506-12, 3527-30 w/a 1" JPT

Open Hole

Depth

Depth

Casing Shoe Tubing 3462

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 37 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 9/64" Choke

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) 15,000 gal (10,000 ref - 5000 lb grade) 35,000 gal sand

Casing _____ Tubing _____ Date first new

Press. 4000 Press. 7500 oil run to tanks 8/24/59

Oil Transporter Texas Natural Gas Co.

Gas Transporter El Paso Natural Gas Co

Remarks: * 300 gal MEA inj rate on flow 27.7 bpm Max press 3000# Min 2000# SIP 1800#

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

Approved _____, 19 _____

J. C. MAN, JR. & JOHN H. HILL

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

By: _____

Title Agent

Send Communications regarding well to:

Title _____

Name Oil Reports Box 763 Hobbs, New Mexico

Address _____