

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 QUADRUPPLICATE 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

August 10, 1959

(Place)

(Date)

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

JOHN H. HILL La Munion Federal "B"

(Company or Operator)

(Lease)

Well No. 2, in NW 1/4 SE 1/4,

J

Sec. 22

T. 23S

R. 37E

NMPM., Undesignated (L.M. Ext.) *

Pool

Unit Letter

Lea

County. Date Spudded 7/25/59

Date Drilling Completed 8/9/59

Please indicate location:

Elevation 3272.7

Total Depth 3700'

PBTD

Top Oil/Gas Pay 3609

Name of Prod. Form. Penrose

PRODUCING INTERVAL -

Perforations 3609-23; 3609-24 w/4 1" JHPF

Open Hole

Depth

Depth

Casing Shoe

Tubing

OIL WELL TEST -

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

load oil used): 39 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 9/64"

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): 10,000 gal ref oil 17,380# sand Av inj rate 21.1 bpm 3500#

Casing Press. 475# Tubing Press. 380# Date first new oil run to tanks 8/9/59 2700#

Oil Transporter Texas New Mexico Pipe Line Co. press

Gas Transporter None

Remarks:

* This quarter section already requested for Langlie-Mattix Pool

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

Approved _____, 19 _____

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, N. M.

Address _____