

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° Fahrenheit.

Hobbs, New Mexico May 20, 1959

(Place)

(Date)

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

JOHN H. HILL, Las Cruces Fed "A", Well No. 1, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)

G, Sec. 22, T. 23, R. 37, NMPM, Undesignated (Langlie-Mattix) Pool
Unit Letter

Lea

County. Date Spudded 4/30/59

Date Drilling Completed 5/11/59

Please indicate location:

Elevation 3276.35 OL

Total Depth 3710 PBD 3663

Top Oil/Gas Pay 3615

Name of Prod. Form. Penrose

PRODUCING INTERVAL -

Perforations 3615-3624 w/ 1" JHPF

Open Hole Depth Casing Shoe 3555.62

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): 44 bbls. oil, .2 % bbls water in 24 hrs, min. Size 10/64" flowing to 2" tbg

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 (5000 ref, 5000 ls crude) & 30,000# sand *

Casing Press. 200# Tubing Press. 275# Date first new oil run to tanks 5/15/59

Oil Transporter Midland Corp.

Gas Transporter None

Remarks: * Inj rate 25.5 bpm max. press 3200# min 2800#

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: _____
Agent (Signature)

By: _____
Title _____

Title _____
Send Communications regarding well to: Helen Smith
Name: P. O. Box 763 Hobbs, New Mexico
Address _____