## NEW XICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE HOBBS OF FICE OCC

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 Mexi	co October 15, 1959
•				(Place	•	(Date)
			NG AN ALLOWABI			199 100
				, Wel (Lease)	l No,	in NW 1/4 NE 1/4,
(Com	ipany or Op	erator)	23 D	37 NACDA	. Langlia-Mat	<b>tix</b> P∞l
Timbs Lotte	67					
Loa		····	County. Date Spu	dded 9/28/59	Date Drillin	Completed 10/8/59
	indicate		Elevation	*A GT	Total Depth 3073	PBTD 3034.
D   C	, I B		Top Oil/Gas Pay	353.8	Name of Prod. Form.	Penross
D	B	A	PRODUCING INTERVAL	-		
			Perforations 350	8-271 : 3549-	54 W/A PUSP	P
E F	G	H	Open Hole		Depth	Depth
ł						1451119
L K	( J		OIL WELL TEST -			Choke
-   "	`   "		Natural Prod. Test:	bbls.oil	,bbls water	inhrs,min. Size_
						lume of oil equal to volume of
M N	1 0	P	load oil used): 🍱	bbls.oil,	Obbls water in	24 hrs,min. Size 10/
640 Az a	3000 A		GAS WELL TEST -			
-	1980/E				_MCF/Day; Hours flowed	Choke Size
bing ,Casi	ng and Cem	enting Recor	Method of Testing	pitot, back pressu	re, etc.):	
Size	Feet	Sax	Test After Acid or	Fracture Treatment	1	MCF/Day; Hours flowed
0-3/4"	338	225 sx	Choke Size	Method of Testing	·	
2-3/4	7,70	7007 102	- <u> </u>			
5-1/2"	3657	300 az	· I			such as acid, water, oil, and
			sand): 15,000	pal (10,000 ga	1 ref & 5,000 o	erade) 45,000# send
2-3/8"	tbg •	3469.22	Press. 720	ress. 450 oil	first new run to tanks 10/	13/59
			Oil Transporter	Corne Hear Hear	ise Pine Line Co	
			Gas Transporter			
			Gas fransporcei			
marks:		••••	***************************************		***************************************	
		••••••			************************************	
			••••••		***************************************	
I hereby	y certify t	hat the info	rmation given above	is true and comp	lete to the best of my	knowledge.
		7 1 9 19			H. HILL	· Me Ca & December
•		-	~* <b>~</b> *			or Operator)
OII	L CONSE	RVATION	COMMISSION	Ву:	igent Helen Smit	
 سر ر		1/1/	1.		· -	nature)
: ///	//	7/6/	120016	Title		rts Box 763 Hobbs, N. M.
	C	Engineer	Districe		Send Communication	ons regarding well to:
tle		71174117	·	Name		
Title		Engineer	District			