

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

Jan. 13, 1959

(Place)

(Date)

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

T. F. Hodge

Wills Fed.

Well No. **3**

NW

1/4

NW

1/4

(Company or Operator)

(Lease)

D

Sec. **33**

T. **26**

R. **37**

NMPM,

Jalmat

Pool

Unit Letter

Lea

County. Date Spudded **12-28-59**

Date Drilling Completed **1-5-59**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation _____ Total Depth **3330** PBD _____

Top Oil/Gas Pay **3178'** Name of Prod. Form. **Yates**

PRODUCING INTERVAL -

Perforations **3178-92, 3197-3202, 3214-31, 3244-47, 3281-87**

Open Hole _____ Depth **3330** Depth **3210**
Casing Shoe _____ Tubing _____

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): **357** bbls. oil, **0** bbls water in **24** hrs, _____ min. Size **24/64** Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	612	375
4 1/2	3330	175

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **66** MCF/Day; Hours flowed **24**

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **300 gal. mud acid. 357 bbls. frac oil 30,000 lb. sand**
180 perforations used 100 ball sealers

Casing _____ Tubing _____ Date first new _____
Press. _____ oil run to tanks **1/9/59**

Oil Transporter **Texas New Mexico Pipeline Co.**

Gas Transporter **None**

Remarks: _____

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

Approved _____, 19 _____

T. F. Hodge

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *[Signature]*

(Signature)

Title **Dist. Prod. Supt.**

Send Communications regarding well to:

Name **T. F. Hodge**

Address **1113 Continental Bank Bldg.
Fort Worth 2, Texas**

Title _____