

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 April 8, 1959
(Place) (Date)

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

T. F. Hodge Mary E. Wills, Well No. 4, Lot 2
(Company or Operator) (Lease)
G, Sec. 33, T. 26S, R. 37E, NMPM, Jalmat Pool
Unit Letter

Lea

County. Date Spudded 3/25/59 Date Drilling Completed 4/1/59

Please indicate location:

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

Elevation Total Depth 3472' PBTD

Top Oil/Gas Pay 3262' Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3262-92

Open Hole Depth Casing Shoe 3472 Depth Tubing None

OIL WELL TEST -

Natural Prod. Test: 66 bbls. oil, 0 bbls water in 24 hrs, min. Size 16/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	633 RI	400
4 1/2	3472	150

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):

Casing Tubing Date first new 4/6/59
Press. Press. oil run to tanks

Texas New Mexico Pipeline Co.

Oil Transporter El Paso Natural Gas Co.

Gas Transporter

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)

Title Prod. Supt.

Send Communications regarding well to:

Name T. F. Hodge

Address 1113 Continental Bank Bldg. Ft. Worth, Tex.