NEW MUCICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

Thi	s form	shall be su	bmitted b	will be assig	med to any c	New Well Recompletion Dil or Gas well.					
able will month c	be ass	igned effe pletion or	ctive 7:00 recomplet	UADRUPLIC A.M. on date tion. The comp t be reported on	of completion letion date sh 15.025 psia a	or recompl nall be that it 60° Fahre Hobbs,	etion, provi date in the c enheit. TE	ded this fór case of an oil XACO Inc	filis filedic well when c. P. Ju	new oil is deliv- 0. Box 728 1y 12, 1962	
T	EXAC	0 Inc.	ator)	NG AN ALLO Cotton Dr ., T. 25-S	aw Unit	, Well]	№	, in		<u>SE</u>	
Unit	Latter										
		ndicate lo			<u>3463' (D</u>	·F·	otal Depth	4775	PBTD	4/00.	
·				Jop Oil/2005 P	ay <u>47391</u>	Ň	ame of Prod.	Form. De	elaware	·	
D	C	B	A	PRODUCING INT			`- ~				
E	F	G	H		Se		anth	· •	Depth		
	-	, , , , , , , , , , , , , , , , , , ,		Open Hole OIL WELL TEST	_ ## 	C	asing Shoe	<u>4775!</u>	Tubing	<u>4684 '</u>	
L	К	J	I			bbls.oil,	`bb	ls water in _	hrs,	Choke min. Size	
		X		Test After Ac	id or Fracture	Treatment (after recove	ry of volume	of oil equ	al to volume of	
M	N	0	P	load oil used):ob	ls,oil,	21_bbls w	ater in <u>24</u>	_hrs, _0	min. şize Pump	
CAS WELL TEST -											
Natural Prod. Test: MCF/Day; Hours flowedChoke Siz										Size	
Tubing	,Casing	g and Comen	ting Recor	d Method of Tes	ting (pitot, b	ack pressure	, etc.):				
Su	Size Feet Sax				Test After Acid or Fracture Treatment:MCF/Day; Hours flowed						
7 5/8" 317 250				Method							
4 1/2" 4764 150			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and								
		16761		sand): <u> </u>	ee <u>Remar</u> Tubing Press.	Date f	irst new n to tanks	7-4-6	2		
2 3/	/8"	4676'		Úil Transport			n Corpo				
				Gas Transport		e (TSTM					
Remark		Sand d	rill 3	<u>B holes on</u>				idize w	ith 500	gal s	
LST	NEA.	ŧ			····			•		·····	
· • • • • • • • • • • • • • • •				•••••		·····				•••••	
				rmation given a		and complet	e to the bes	t of my know	vledge.		
Approve	ed		••••••			(Company or Operator)					
OIL CONSERVATION COMMISSION							By:(Signature)				
Ву:						Title_Assistant_District_Superintendent Send Communications regarding well to:					
Title				v		Name	H. N. W	lade			
-			-	<u>-</u> -		Address P.O. Box 728 - Hobbs, New Mexico					