

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 QUADRUPPLICATE 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, N.M.
(Place)

Oct. 14, 1960
(Date)

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

Standard Production Co., **Brown**, Well No. **1**, in **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
F, Sec. **25**, T. **25S**, R. **36E**, NMPM., **Jalnet Gas** Pool
Unit Letter **Recompleted**

Lease

County. Date Spudded _____ Date Drilling Completed **6/27/60**

Please indicate location:

Elevation **3065** Total Depth **3205** PBD **3150**

Top Oil/Gas Pay **3032** Name of Prod. Form. **Yates**

PRODUCING INTERVAL -

Perforations **3032 - 3040**

Open Hole _____ Depth _____
Casing Shoe **3406** Depth Tubing **3070**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

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

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	321	150
5-1/2	3406	150
2-3/8	3070	

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

Test After Acid or Fracture Treatment: **606.6** MCF/Day; Hours flowed **24**

Choke Size **2 1/4** Method of Testing: **4 pt. Calc. A.P. 1600 MCF**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Frac with 10,000 gals. lvs. oil and 1/2 SPG**

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter **None** **Dry Gas Well**

Gas Transporter **El Paso Natural Gas Co.**

Remarks:.....

ILLEGIBLE

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

Approved....., 19.....

Standard Production Co.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *A. L. Smith*
(Signature)

By: *[Signature]*

Title **Agent**

Send Communications regarding well to:

Title _____

Name **Oil Reports and Gas Services**

Address **Box 763 Hobbs, N.M.**