

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, New Mexico

June 23, 1960

(Place)

(Date)

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

STANDARD PRODUCTION COMPANY

Brown

Well No. Ans. 1 #3, in NE  $\frac{1}{4}$  NW  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

Unit

Sec. 25

T. 25

R. 36

NMPM, Jalmat

Pool

Loc.

County. Date Spudded 5/2/60

Date Drilling Completed 5/8/60

Please indicate location:

Elevation 3084 KB

Total Depth 3248' PBD

Top Oil/Gas Pay 2970'

Name of Prod. Form. Yutan

PRODUCING INTERVAL -

Perforations 3190-3225'; 3166-86'

Open Hole

Depth

Casing Shoe

Depth

Tubing

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 75 bbls. oil, 6 bbls water in 24 hrs, \_\_\_\_\_ min. Size 1/4"

GAS WELL TEST -

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

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

1000 gals mud acid

Casing

Tubing

Date first new

Press. 948#

Press. 957#

oil run to tanks

6/1/60

Oil Transporter

McWood

Gas Transporter

None

Remarks

ILLEGIBLE

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

Approved \_\_\_\_\_, 19\_\_\_\_

STANDARD PRODUCTION COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Agent

(Signature)

Title \_\_\_\_\_

Send Communications regarding well to:

L. F. Brown- P. O. Box 5006 Lubbock, Texas

Address \_\_\_\_\_