

NE' MEXICO OIL CONSERVATION COM SSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

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.

Midland, Texas

10-29-57

(Place)

(Date)

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

The Texas Company Royalty Holding Company, Well No. 1, in NW 1/4 SW 1/4,

(Company or Operator)

(Lease)

E 19, Sec 19, T 24-S, R 38-E, NMPM, Dollarhide (Drinkard) Pool

Lea

County. Date Spudded 9-5-57

Date Drilling Completed 10-17-57

Please indicate location:

Elevation 3155' (DF) Total Depth 6830 PBTD 6810

Top Oil Pay 6590 Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations 6672-6688, 6590-6640

Open Hole - Depth - Casing Shoe - Depth Tubing 6694

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): 184 bbls. oil, 14 acid bbls water in 12 hrs, min. Choke Size 25/64"

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 sand): 10,000 gals acid

Casing Press. Pkr Tubing Press. 125 Date first new oil run to tanks 10-25-57

Oil Transporter Permian Oil Company

Gas Transporter None

Tubing, Casing and Cementing Record

Size Feet Sx

13 3/8	370	400
8 5/8	3222	2000
5 1/2	6820	550

Remarks: GOR-811

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

Approved: 19

The Texas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

By:

Title Asst. Dist. Supt.

Send Communications regarding well to:

T.P. Drew

Name

Box 1270, Midland, Texas

Address