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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

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 November 5, 1962
(Place) (Date)

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

Elwyn C. Hale Hale State Well No. 3, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)

H, Sec. 2, T. 25-S., R. 37-E., NMPM., North Justis McKee Pool
Unit Letter

Lea

County. Date Spudded August 7, 1962 Date Drilling Completed September 13, 1962

Please indicate location:

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

Elevation 3155 Total Depth 8480 PBTD 8478

Top Oil/Gas Pay 8020 Name of Prod. Form. McKee

PRODUCING INTERVAL -

Perforations (8020-8024) (8042-8076) (8086-8096)

Open Hole None Depth Casing Shoe 8478 Depth Tubing 8020

OIL WELL TEST -

Natural Prod. Test: 147 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 10/64 Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): None bbls. oil, - bbls water in - hrs, - min. Size Choke

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):

Casing Tubing Date first new Press. 1100 Press. 500 oil run to tanks November 1, 1962

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter None-Gas being vented.

Remarks: Quadruple other zones, Ellenberger, Wadell, Devonian

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

Approved: 19

Elwyn C. Hale
(Company or Operator)

By: [Signature]
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title: Superintendent
Send Communications regarding well to:

Title

Name: Elwyn C. Hale