NEW M ICO OIL CONSERVATION COMMIS N

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 (Place) January 11, 1963 (Date)

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

Howard C. Smith (Company or Operator) Graham Paige (Lease), Well No. 1, in SW ¼ SE ¼,

O (Unit Letter), Sec. 27, T. 24 S, R. 36 E, NMPM., Jalmat Pool

Lea County. Date Spudded 9/2/60 Date Drilling Completed 4/12/60

Elevation 3307 Total Depth 3499 PBTD 3487

Top Oil/Gas Pay 3460 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations 3460-64, 3479-85

Open Hole ____ Depth Casing Shoe 3498 Depth Tubing ____

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): 15 bbls.oil, 385 bbls water in 24 hrs, no min. Choke Size pump

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): 500 gallons mud acid

Casing Press. 0 Tubing Press. 0 Date first new oil run to tanks 11/1/62

Oil Transporter The Permian Corporation

Gas Transporter None

Please indicate location:

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

660/S & 1980/E

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	224	175
5 1/2	3498	100

Remarks: Deviation Survey on Reverse Side.

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

Approved ____, 19____

OIL CONSERVATION COMMISSION

By: ____

Title ____

Howard C. Smith (Company or Operator)

By: H. L. Smith (Signature)

Title Agent

Send Communications regarding well to:

Name Howard C. Smith

% OIL REPORTS & GAS SERVICES

Address BOX 746 HOBBS, NEW MEXICO

Deviation Surveys:

200 feet	1/4 degree
695	1/4
946	1/4
1198	1/2
1542	2 3/4
1635	2 1/2
1793	2 1/2
1987	2 1/2
2082	1 3/4
2334	1 1/4
2584	1 1/4
2829	1 3/4
3056	2 3/4
3171	2 3/4
3234	2 1/2
3362	3

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

W. L. Smith

Subscribed and sworn to before me this 11th day of January, 1963.

Notary Public in and for
Lea County, New Mexico

My Commission Expires 12/20/65.