

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New MexicoDUPLICATE  
[ ]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 as when 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas June 11, 1954

(Place)

(Date)

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

The Texas Company E. D. Fanning, Well No. 5, in NE 1/4 NE 1/4,  
(Company or Operator) (Lease)A, Sec. 5, T. 24-S, R. 37-E, NMPM., Langlie - Mattix Pool  
(Unit)

Lea County. Date Spudded. 4/17/54, Date Completed. 6/10/54

Please indicate location:

			X

Elevation. 3282 (Gr) Total Depth. 3611, P.B. - - - -

Top oil/gas pay. 3410 Prod. Form. Queen

Casing Perforations: Open Hole or

Depth to Casing shoe of Prod. String. 3410

Natural Prod. Test. - - - - BOPD

based on. - - - - bbls. Oil in. - - - - Hrs. - - - - Mins.

Test after acid or shot. 62.4 BOPD

Based on. 62.4 bbls. Oil in. 24 Hrs. - - - - Mins.

Gas Well Potential. - - - -

Size choke in inches. Pump

Date first oil run to tanks or gas to Transmission system: June 10, 1954

Transporter taking Oil or Gas: Texas-New Mexico Pipe Line Co.

## Casing and Cementing Record

Size	Feet	Sax
8 5/8	1167	950
5 1/2	3399	450

Remarks:

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)

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

(Signature)

Title. Asst. Dist. Supt.

Send Communications regarding well to:

Name. The Texas Company

Address. Box 1270 - Midland, Texas

OIL CONSERVATION COMMISSION

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

Title \_\_\_\_\_