

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.

Artesia, New Mexico 11-14-57
(Place) (Date)

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

Jack Flemens (Eddy) McFaddin ~~McFaddin~~, Well No. 2, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A ✓, Sec. 3, T. 19S, R. 31E, NMPM., Shugart Pool
Unit Letter

Eddy County. Date Spudded 9-7-57 Date Drilling Completed 10-27-57

Please indicate location:

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

Elevation 3616 Total Depth 2687 PBTD

Top Oil/Gas Pay 2662 Name of Prod. Form Yates

PRODUCING INTERVAL -

Perforations None

Open Hole 2660-87 Depth Casing Shoe 2660 Depth Tubing 2620

OIL WELL TEST -

Natural Prod. Test: 8 bbls. oil, -0- bbls water in 24 hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 30 bbls. oil, -0- bbls water in 24 hrs, min. Size Swabbing

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 lbs sand & 10,000 gal oil
Casing tubing Date first new

Press. 400 Press. 200 oil run to tanks 11-5-57

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
7"	914	50
5 1/2"	2660	100

Remarks:

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

Approved NOV 15, 19

Jack Flemens

(Company or Operator)

By:

Grey Holmes
(Signature)

Title

Agent

Send Communications regarding well to:

By: W. A. Gressett

Title OIL AND GAS

Name Jack Flemens

Address Box 1297, Artesia, New Mexico

SECTION COMMISSION
11-10-66
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