

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.

Livingston, New Mexico December 19, 1957
(Place) (Date)

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

A. C. Holder and W. G. Ross Phillips-Cleat, Well No. 2, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L, Sec. 17, T. 14 S., R. 31 E., NMPM, Captrock Queen Pool
Unit Letter

Chaves

County. Date Spudded 10-11-57 Date Drilling Completed 10-17-57

Please indicate location:

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

Elevation 4089.3 Total Depth 2690 PBD

Top Oil/Gas Pay Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4 Jets per foot - 2671 - 2681

Open Hole Depth 2691 Casing Shoe 2691 Depth 2671 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 46.40 bbls. oil, _____ bbls water in 24 hrs, _____ min. 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): 15,000 lbs. sand & 15,000 gal. oil

Casing Tubing Date first new 12-17-57
Press. _____ Press. _____ oil run to tanks

Oil Transporter Texas - New Mexico Pipeline Company

Gas Transporter _____

Remarks: Gas not sufficient to measure

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

Approved _____, 19 _____

A. C. Holder and W. G. Ross
(Company or Operator)

OIL CONSERVATION COMMISSION

By: A. C. Holder
(Signature)

By: _____

Title Joint Operator
Send Communications regarding well to:

Title _____

Name A. C. Holder and W. G. Ross

Address Box 1476, Livingston, New Mexico