(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.

				(Place) Hobbs, New Mexico August 7, 1957
WE ARE	HERE	EBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
John M. Kelly (Company or Operator)				Burton Federal , Well No. 1 , inIot 6 1/4
Q	Letter	, Sec.	5	T. 18S R 39E NMPM, South Carter Pool
]	Lea	· • • • • • • • • • • • • • • • • • • •	·····	County. Date Spudded July 10, 1957 Date Drilling Completed August 5, 1957
Please indicate location:				Elevation 3636 DF Total Depth 5174: PBTD
D C	C I	В	A	Top Oil/Gas Pay 5150 Name of Prod. Form. San Andres
				PRODUCING INTERVAL -
EF	F	G	H	Perforations Open Hole Depth Depth
		•		Open Hole 5104-5174 Casing Shoe 5104 Tubing 5160
L K	ĸ	J	I	OIL WELL TEST -
	-			Natural Prod. Test: 48 bbls.oil, 0 bbls water in 4 hrs, min. Size 2
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N	0	P	Choke load oil used): bbls.oil, bbls water in hrs, min. Size
		X	1 1	GAS WELL TEST -
				Natural Prod. Test: MCF/Day; Hours flowedChoke Size
				Method of Testing (pitot, back pressure, etc.):
Size		cet	Sax	totaling (proof, back pressure, etc.):
				Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8 6/6	9 - 2	65	275	Choke Size Method of Testing:
1				Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
5 1/1	0 51	.04	200	sand):None
		1		Casing Tubing Date first new Press. O Press. O oil run to tanks August 5 1957
				Oil Transporter Shell Pipeline
Remarks:.	•••••	•••••		Gas Transporter None
				26.55
I here	eby cert	ify tha	t the infor	mation given above is true and complete to the best of my knowledge.
Approved	••••••		-8-5	Z., 19. John M. Kelly
				(Company or Operator)
0	IL CO	NSER'	VATION	COMMISSION By: Fumel O. 11 Tills
_		- -	2/	(Signature)
Ву:	•••••		9-5-6	Title Poduntion Superintendent Send Communications regarding well to:
Title	*********	~9/ ·	Agranus .	Send Communications regarding went to.
				NameJohn.M. Kelly
`				AddressBox.5671. Roswell. New Mexico