## NEW M "ICO OIL CONSERVATION COMMIS" ON 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.

			Roswell, New Mexico February 13, (Place)
VE ARE I	HEREBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
			Dradlicf Well No. 1 in N.W. 1/4 SE. 1/4,
(Ca	ompany or Ope	22.	T. 245, R. 32E, NMPM., Double X. Pool
Tim L	etter		And the Sulling Completed 1991
L	ea		County. Date Spudded 1/16/62 Date Drilling Completed2/2/62 Date Drilling Completed2/2/62
Plea	se indicate l	ocation:	Top Oil/Gas Pay 4900 Name of Prod. Form. Delaware
D	C B	A	PRODUCING INTERVAL -
		+	Perforations 4900-4903 Depth Depth
E	F G	H	Open Hole Casing Shoe 4900 Tubing 4822
			OIL WELL TEST - Choke
L	<b>K J</b> 0	I	Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
		1	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	Choke Opposed oil used): 66 bbls.oil, 12 bbls water in 24 hrs, min. Size 21:
i			GAS WELL TEST
1980	'FEL &	1 <b>980 F</b> S	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
Tubing Co	asing and Cem	enting Reco	·
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
			Choke Size Method of Testing:
8 5/8	325	150	
4 1/2	4966	200	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 250 gals. MSA plus 500 gals MCA Casing Tubing Date first new
			Press. 400 Press. 0 oil run to tanks February 2, 1964
			Oil Transporter Permian Corporation
		1	Gas Transporter
Remarks:	The abo	ove pote	ntial is based on swab tests.
	•••••		Kanta X DICENI
			formation given above is true and complete to the best of my knowledge.
I her	reby certify t	hat the ini	19 Charles B. Read
Approved			, 19. Charles B. Read Company or Operator
(	OIL CONSE	ERVATIO	N COMMISSION By: (Signature)
	1 1 1		TitleOwner
By:			Send Communications regarding well to:
Title	***********		Name Charles B. Read
	<i>V</i> .		Address Box 1822. Roswell, N. M.