## 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, N                             | ew Mexico                     |                  | <b>62</b><br>(Date)  |
|-------------------|----------------------|--------------|---|------------------------|--|-------------------------------|------------------|----------------------|
| ADET              | IFRERY R             | EOUESTI      | NG AN ALLOWA  | ABLE FOR               |  | IOWN AS:                      |                  |                      |
| urper D           | rilling Co           | mpany,       | Inc. State  | "AA"                   | Wall No.                               | , in.                         | SW 1/4.1         | JE                   |
| (Ca)              | or Ot                | erator)      |   | (Lease)                |  |                               |                  |                      |
| G Umn 14          | , Sec                | 32           | , т <b>17\$</b> , 1   | R <b>33</b> . <b>E</b> | <b>, NS</b> EW,                        | i vici Lani                   |                  | P001                 |
| .00               |                      |              | County. Date S  | pudded.12              | -1661                                  | Inte Drilling                 | completed   ]    | 62                   |
|                   | se indicate          |              | Elevation 404   | 4' GL                  | lota)                                  | Depth 4810*                   | PB1 <b>4522</b>  | <del> </del>         |
|                   |                      |              | Top Oil/Gas Pay   | 43451                  | Name                                   | of Frod. Form. G              | reyburg          |                      |
| D                 | C B                  | A            | PRODUCING INTERV  | VAL<br>4345°-€         | 5'; 4370'-73                           | 3'; 4390' <del>-</del> 95'; 4 | 408'-12';        |                      |
|                   |                      |              | Perforations44  | 21'-25': 4             | 442'-57': 44                           | 66'-69'; & 448t               | 31-921           |                      |
| E                 | F G                  | . Н          | Open Hole   | ·                      | Depti<br>Casi:                         | ng Shoe 48091                 | Tubing 432       | 90                   |
|                   | <b>X</b> .           |              | OIL WELL TEST -   |                        |  |                               |                  |                      |
| L                 | K                    | I            |   | est:                   | bbis.cii,                              | bbls water i                  | nhrs,            | Choke<br>_min. Size_ |
|                   |                      |              | Test After Acid   | or Fracture            | Treatment (sft)                        | er recovery of volu           | me of oil equal  | to volume of         |
| М                 | N O                  | P            | load oil used):   | 100 _bb.               | ls.oil, 5                              | bbls water in <u>2</u>        | hrs, <u>0</u> mi | n. Siz               |
|                   |                      |              | GAS WELL TEST -   |                        | <b>42</b> -1                           |                               |                  |                      |
| 0' FN             | & FEL                |              |   |                        | M2€/                                   | Day; Hours flowed _           | Choke Size       | e                    |
|                   |                      |              |   |                        |  | tc.):                         |                  |                      |
| bing ,Cas<br>Sire | sing and Cem<br>Feet | BRITING NACC |   |                        |  |                               |                  |                      |
|                   | <del></del>          |              | Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing: |                        |  |                               |                  |                      |
| 8 5/8             | 329                  | 300          |   |                        |  |                               |                  |                      |
| 4 1/2             | 4809                 | 250          |   |                        |  | f materials used, s           |                  |                      |
|                   | 1007                 | -            | sand) Acidize   | d w/500 g              | al. NE 15%                             | fraced w/16,80                | 10 gal lee en    | rde oli &/           |
| 2 3/8             | 4320                 |              | Casing 250 Press.   | Tubing 150             | oll tun t                              | t new o tanks January 7       | , 1962           |                      |
|                   |                      |              | Cil Transporter Texas-New Maxico Pipe Line Company  |                        |  |                               |                  |                      |
|                   |                      | <b></b>      | Gas Transporter   |                        |  |                               |                  |                      |
| marks:            |                      |              |   |                        |  |                               |                  |                      |
|                   |                      |              |   |                        | **********                             |                               |                  |                      |
|                   |                      |              |   |                        |  | •••••                         |                  |                      |
| I here            | by certify t         | hat the in   | formation given ab  | ove is true            | and complete t                         | o the best of my kn           | owledge.         |                      |
|                   |                      |              |   |                        | Carper Dril                            | Company of                    | IAS              |                      |
|                   | .~                   |              | :   |                        | tu                                     | 2                             | a L              |                      |
| 0                 | IL CONSE             | RVATIO       | N COMMISSION  |                        | Ву:                                    | (Signat                       | ure)             |                      |
|                   | *                    |              |   |                        | Title Vice-                            | President                     |                  |                      |
| y:                |                      |              |   |                        | Bend Communications regarding well to: |                               |                  |                      |
| tle               |                      |              | <u> </u>  |                        | No Tie Carpe                           | or Drilling Comp              | any, Inc.        |                      |
|                   |                      |              |   |                        |  |                               |                  |                      |
|                   | -                    |              |   |                        | Addres                                 | ia, New Mexic                 | <b>:</b>         |                      |