

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.

Hobbs, New Mexico June 22, 1960

(Place)

(Date)

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

I. W. LOVELADY Stout State

Well No. 1, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B, Sec. 16, T. 20S, R. 32E, NMPM., Halfway Pool

Unit Letter

County. Date Spudded 5/23/60

Date Drilling Completed 6/1/60

Please indicate location:

Elevation 3462' BP Total Depth 2697' PBTD 2641'

Top Oil/Gas Pay 2565' Name of Prod. Form Yates

PRODUCING INTERVAL -

Perforations 2565-71' w/4 BPP

Open Hole Depth Casing Shoe Depth Tubing 2652'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 33.95 bbls. oil, 86 bbls water in 24 hrs, min. Choke Size Open 2"

GAS WELL TEST -

Gas TEST Qty 29° 0 84

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): 500 gal MA

Casing Press. Tubing Press. Date first new oil run to tanks 6/10/60

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter None

Remarks:

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

Approved 1960, 19.

I. W. LOVELADY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Agent (Signature)

By:

Title

Send Communications regarding well to:

Name Oil Reports & Gas Services Box 763 Hobbs, N.M.

Address