

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 QUADRUPPLICATE 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 March 25, 1959
(Place) (Date)

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

John M. Kelly Crutchfield, Well No. 1, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
I, Sec. 32, T. 19S, R. 57E, NMPM, Monument Pool
Unit Letter

Lea County. Date Spudded 1-24-59 Date Drilling Completed 2-9-59
Elevation 3573 Total Depth 3950 FRTD 3935

Please indicate location:

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

Top Oil/Gas Pay 3869 Name of Prod. Form. Grayburg

PRODUCENT INTERVAL -

Perforations 3869-72
Open Hole _____ Depth _____
Casing Shoe 3846 Depth 3930
Tubing _____

OIL WELL TEST -

Natural Prod. Test: 1 bbls. oil, 1 bbls water in 1 hrs, 0 min. Choke Size _____
Test After Acid or fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 50 bbls. oil, 55 bbls water in 24 hrs, _____ min. Choke Size Pump

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>4 1/2</u>	<u>3946</u>	<u>300</u>
<u>8 5/8</u>	<u>301</u>	<u>200</u>

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): 250 gals. acid. frac w/7,500 gals. plus 15,000#
Casing _____ Tubing _____ water first new _____
Press. _____ Press. _____ oil run to tanks 3-1-59

Oil Transporter Shell Pipeline

Gas Transporter Warren Petroleum Corporation

Remarks: _____

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

Approved _____, 19 _____

John M. Kelly
(Company or Operator)

OIL CONSERVATION COMMISSION

By Kenneth D. Miles
(Signature)

By _____

Title Production Superintendent

Title _____

John M. Kelly

Box 5671, Roswell, New Mexico