

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hubbs, New Mexico 10-26-56

(Place) (Date)

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

Midwater Oil Company

State of N.M.

(C.M., Well No. 2, in NE 1/4 SW 1/4,

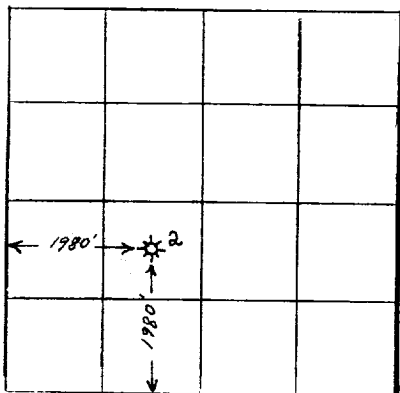
(Company or Operator)

(Lease)

Sec. 32, T. 15S, R. 37E, NMPM, from monument to Euxent Gas Pool

County, Date Spudded 7-20-56, Date Completed 8-29-56
Recompleted: 7-25-56 to 10-15-56

Please indicate location:



Sec. 32, T. 15S, R. 37E

Casing and Cementing Record

Size Feet Sax

13"	220'	250
9-5/8"	1210'	600
7"	3007'	350

Elevation 3576' SL Total Depth 3901' P.E. 3510'

Top oil/gas pay 3381' Name of Prod. Form Queen

Casing Perforations: 3304-3464 and 3505-3535 or

Depth to Casing shoe of Prod. String 3807'

Natural Prod. Test None BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential 2,700 Mcf./Day

Size choke in inches absolute open flow test

Date first oil run to tanks or gas to Transmission system:

Transporter taking Oil or Gas: El Paso Natural Gas Co.

Remarks: This well was recompleted from the San Andres oil pay to the Queen gas formation in the following manner: Set G.I. bridge plug at 3550' +/- 2 weeks cement on top. Perforated 7" casing from 3304-3464 and 3505-3535.

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

Approved: _____, 19_____

Midwater Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *[Signature]*
(Signature) H. P. Shackelford

By: *[Signature]*

Title: Area Superintendent

Title: _____

Send Communications regarding well to:

Name: H. P. Shackelford

Address: Box 517 Hubbs, New Mexico