

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 3-17-59
(Place) (Date)

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

THE OHIO OIL COMPANY Federal McCrell, Well No. 2, in NE 1/4 NW 1/4,
(Company or Operator) (Lease)

Sec. 20, T. 8S, R. 37E, NMPM., Undesignated Pool

Roosevelt

County. Date Spudded 1-14-59 Date Drilling Completed 2-24-59

Please indicate location:

Elevation 4059' DT Total Depth 9536' PBD 9491'

Top Oil/Gas Pay 9448' Name of Prod. Form. Rough "C"

PRODUCING INTERVAL -

Perforations 9448'-9470' with 4 JSPP & 4 bullets/ft.

Open Hole - Depth Casing Shoe 9534' Depth Tubing 9480'

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): 261.58 bbls. oil, 54.34 bbls water in 21 hrs, - min. Choke Size 16/64"

GAS WELL TEST -

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): 3 Diafrag "D" 1000 gals mud acid, 15,000 gals reg. & 30,000 gals dolofrac A.

Casing Tubing Date first new Press. DKF Press. 375 oil run to tanks 3-3-59

Oil Transporter McWood Corp., 701 VJ Tower, Midland, Texas

Gas Transporter -

Remarks: Request top allowable of 129 BOPD effective 3-16-59

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

Approved _____, 19____

THE OHIO OIL COMPANY

(Company or Operator)

Original Signed By

By: D. E. MORRIS (Signature)

OIL CONSERVATION COMMISSION

By: _____

Title Asst. Supt.

Send Communications regarding well to:

Title _____

Name The Ohio Oil Company

Address Box 2107, Hobbs, New Mexico

WMOCC (b)
Intex Oil Company
Mr. J. A. Grimes
Mr. L. H. Shearer
Mr. D. V. Ritley
Mr. T. A. Steele
Mr. T. O. Webb