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W MEXICO OIL CONSERVATIO COMMISSION (Form C-104) Revised 7/1/57 Santa Fe. New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

OPERATOR This form shall be submitted by the operator before an initial allowable will be assigned to any completed bill of Garwell. 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 recompletio. 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. Odessa, Texas December 31, 1962 (Date) (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: L. R. French, Jr. Gulf-State Well No. 2 in NE. 1/4 NN 1/4, (Company or Operator) C Sec. 18 T 11-S , R 34-E , NMPM., Inbe (Penn) Pool Date Drilling Completed 12/22/62 Lea County Date Spudded 11/10/62 Elevation 4212 D.F. Total Depth 9865 PBTD 9831 Please indicate location: Top Oil/Gas Pay 9794 Name of Prod. Form. Bough "C" A C D PRODUCING INTERVAL -9794-9810 (16') Perforations Depth Casing Shoe Tubing **9820** H G 98 F. Cased Open Hole CIL WELL TEST -Natural Prod. Test: ____bbls.oil, ____bbls water in ___hrs, ___ K L Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 187 bbls, oil, 110 bbls water in 24 hrs, 0 min. Size 32/64 P O М GAS NELL TEST -MCF/Day; Hours flowed _____Choke Size___ Natural Prod. Test: (FOOTAGE) Method of Testing (pitot, back pressure, etc.): Tubing Casing and Cementing Record Test After Acid or Fracture Treatment: MCF/Day; Hours flowed___ SAX Feet Size Method of Testing:_ Choke Size_ 350 13 3/8 431 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gallons of 15% acid 500 4006 Casing Tubing 350 Date first new Press. Packer Press. 100- oil run to tanks December 28, 1962 400 sksCasing 4% gel 9865 Gil Transporter McWood Corp. Warren Petroleum Corp. 9820 2 3/8 Gas Transporter___ Remarks: I hereby certify that the information given above is true and complete to the best of my knowledge. L. R. FRENCH, JR. Approved....., 19......, (Company or Operator) ail H. Danaldson OIL CONSERVATION COMMISSION (Signature) Ву: Title...Production...Superintendent Send Communications regarding well to: Name. D. H. Donaldson Title

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