

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

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.

Lubbock, Texas

October 27, 1958

(Place)

(Date)

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

DeKalb Agricultural Assn., Inc. Ohio-Federal, Well No. 1, in SW 1/4 SE 1/4,  
(Company or Operator) (Lease)

O, Sec. 24, T. 9-S, R. 37-E, NMPM, Sawyer Pool  
Unit Letter

Lea

County. Date Spudded 8-15-58

Date Drilling Completed 9-3-58

Please indicate location:

Elevation 3963.8 Total Depth 5014 PBD

Top Oil/Gas Pay 4973 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations None

Open Hole 4973-5014' Depth Casing Shoe 4973 Depth Tubing 5000'

OIL WELL TEST -

Natural Prod. Test: Dry bbls. oil, Dry bbls water in 24 hrs, min. Choke Size 2"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 16 bbls. oil, 12 bbls water in 24 hrs, min. Choke Size 2"

GAS WELL TEST -

Natural Prod. Test: Dry MCF/Day; Hours flowed 24 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): 30,000 Gal. Water, 30,000# Sand, 50 Blm. Black Euster

Casing Tubing Date first new Press. 40 Press. 25 oil run to tanks October 24, 1958

Oil Transporter Castus 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, 19

DEKALB AGRICULTURAL ASSN., INC.

(Company or Operator)

By: (Signature)

Title: Production Supt.

Send Communications regarding well to:

Name: DeKalb Agricultural Assn., Inc.

Address: 306 Lubbock National Bldg., Lubbock, Texas

OIL CONSERVATION COMMISSION

By: (Signature)

Title: