

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 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 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.

| | | | Artesia, New Mexico May 18, 1959 (Place) (Date) |
|-------------|-------------|--------------------|---|
| E ARE | HEREBY P | REQUESTI | NG AN ALLOWABLE FOR A WELL KNOWN AS: |
| R.D.Collier | | Lier | Gulf State |
| B | mpany or Op | c | (Lease) T. 178 R. 298 NMPM., Square Lake Pool |
| | | | |
| | - | | Elevation |
| Plea | se indicate | location: | Top Oil/Gas Pay 2480 Name of Prod. Form. Grayburg- San Andres |
| D | C B | • | PRODUCING INTERVAL - |
| E | F G | H | Perforations 2480-2485 2490-2494 2576-2580 2676-2680 |
| | | | Open HoleCasing ShoeTubing |
| L | K J | I | Choke DE1 Natural Prod. Test: <u>11</u> bbls.oil, <u>0</u> bbls water in <u>24</u> hrs, <u>0</u> min. Size <u>ing</u> |
| M | N O | Р | Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): <u>39</u> bbls.oil, <u>bbls</u> .bbls water in <u>24</u> hrs, <u>0</u> min. Size <u>3</u> /49 |
| | N 16 | 528 | GAS WELL TEST - |
| loin O | | | NCF/Day; Hours flowedChoke Size |
| | _ | enting Record | nd Method of Testing (pitot, back pressure, etc.): |
| Sire | Feet | 5ax | Test After Acid or Fracture Treatment:MCF/Day; Hours flowed |
| 8 5/8 | 435 | 50 | Choke SizeMethod of Testing: |
| 5남비 | 2751 | 100 | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and |
| | | | sand): 40,000 # sand & 20,000 gallong lease erude Casing Tubing Date first new PressPressoil run to tanks5-13-59 |
| | | | 011 Transporter Texas New Mexico Pipeline Company |
| <u></u> | | | Gas Transporter |
| marks: | | | |
| | | | |
| | | | |
| | | - | rmation given above is true and complete to the best of my knowledge. 1050 |
| proved | | MAY.2.1. | 1959 |
| O | L CONSE | RVATION | COMMISSION By: DUCellin |
| 5 | × 2 = | 1 | (Signature) |
| : _// | Han | ush | Title |
| | IL AND GAS | s inspec to | Send Communications regarding well to: |
| | | | |

Address Box 921, Artesia, N.M.

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OIL CONSERVAT . • ARTES No. Copies Files Cpess Secta 54 Proration Office State Land Office U. S. G. S. Transporter

M COMMISSION Calif ICE, Fle