AMMENDED COPY

NE' 1EXICO OIL CONSERVATION COM Santa Fe, New Mexico

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Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE 2

1959 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 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

| | | | Roswell, New Mexico D 11-30-59 |
|---------------------------|--|--|---|
| | | | (Place) (Date) |
| E ARE I | HEREBY RE | QUESTI | ING AN ALLOWABLE FOR A WELL KNOWN AS: |
| West | ern Drill | ing Com | mpany, Inc. Flatt, Well No. 1-A in SW 1/4 SW 1/4 |
| (1'0 | MODERN APERIM | PARAPI | (Lease) Dayton also T 18-S, R 26-E, NMPM, Undesignated Poo |
| Unit 1 | , Sec | <u> </u> | T. 10-5 , R. 20-5 , NMPM., Unicestrial Poo |
| | Eddy | | County. Date Spudded 9-20-58 Date Drilling Completed 11-13-58 |
| Please indicate location: | | | Elevation 33331 Total Depth 64:051 PBTD |
| | | | Top Oil/Gas Pay 55181 Name of Prod. Form. Abo |
| D | C B | A | PRODUCING INTERVAL - |
| | | | Perforations 5548-55561 |
| E | F G | H | Depth Depth Open Hole Casing Shoe. 6k051 Tubing 55501 |
| - - | , | _ | OIL WELL TEST - |
| L | KJ | I | Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size |
| | | | Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of |
| M | N O | P | load oil used): 20 bbls.oil, no bbls water in 2 hrs, min. Size 1/4 |
| | | السليا | GAS WELL TEST - |
| 66 | A S - 41 | 85 W | Natural Prod. Test: MCF/Day; Hours flowed Choke Size |
| ubing ,Cas | sing and Come: | ting Recor | |
| Size Feet | | Sax | Test After Acid or Fracture Treatment: MCF/Day; Hours flowed |
| | | | Choke Size Method of Testing: |
| 8-5/8" | 1115' | 900 | - Colors of Posterior |
| 5-1/2" | 64051 | 800 | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and |
| 11/11 | 111 5850 | | sand): 11.000 gallons acid Casing Tubing Date first new |
| | 2 2 2 3 | | Press. pkr. Press. 100# oil run to tanks 11-10-59 |
| | | | Oil Transporter Permian Oil Company |
| | - | | Gas Transporter no connection |
| emarks: | *************************************** | | |
| | | •••••• | |
| •••••• | ••••• | | |
| I herel | by certify tha | the info | ormation given above is true and complete to the best of my knowledge. |
| pproved | DEP. | ± 1000 | |
| | | | h to the second of the second |
| O | IL CONSER | VATION | COMMISSION By (Signature) |
| | 1111 | 7 4 | |
| • | C-C-1 | 10 | Title Geologist Send Communications regarding well to: |
| tle | IL AND GAS! | Roffe (141 | <u></u> |
| | | | Name Guy A. Swarts |
| | | | P. O. Box 24, Reswell, New Mexico |

| · ARTESIA | (4557). | CIOF | HOE | |
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| 18.000 1 E | | 7 | | |
| Color St. Oct (B | | , | | |
| STATE LINES STATUS | | | | |
| V. S. V. J. | | | | |
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| TOLINE YOU DO NOTES | <u> </u> | 1 | | |

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