NEV .AEXICO 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 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.

				Roswell, New Mexico			
				(Place)			(Date)
E ARE	HEREBY H	(EQUESI)	NG AN ALLOWABLE FO	OR A WELL KNO	WN AS:		
(Company or Operator)		Derator)	Kleeman (Lease	, Well No	, in.	SE!⁄4	SE !
			, T18-S, R26-E	NMPM Price	4. al ma	al mated	
						-	
	Eddy		County. Date Spudded	9-24-58	Date Drilling C	capleted ly	-2859
Please indicate location:		location:	ElevationTotal DepthPBTD622				
D	C B	A	Top Oil/Gas Pay5302!	Name of	Prod. Form	be	
		-	PRODUCING INTERVAL -				
			Perforations 5302-6				
E	FG	H	Open Hole	Depth Casing S	those 61.251	Depth Tubing	3861
			OIL WELL TEST -				
L	K J	I					Choke
			Natural Prod. Test:				
M	NO	P	Test After Acid or Fractur				Ch 1
			<pre>load oil used): 10</pre>	obls.oil, <u>20</u> b	bls water in 24	hrs,	in. Size 16
			GAS WELL TEST -				
660	<u> </u>	<u> 20 E</u>	Natural Prod. Test:	MCF/Day:	Hours flowed	Chaka Si	-
ubing .Cas	ing and Cem	enting Recor	-				2e
Size	Feet	Sax	meaned of resting (pitot,				
		<u> </u>	Test After Acid or Fractur			/Day; Hours fl	owed
8-5/8	1010	500	Choke SizeMethod	of Testing:			
5⇔1/2	6425	1500	Acid or Fracture Treatment	(Gi ve amounts of mat	terials used, suc	h as acid, wa	ter, oil, and
	042)	1,000	sand): (see attac)				
			Casing 50 Tubing Press. 50 Press. 5	Date first new	2 27 50		
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			Gil Transporter Permis	a filling, Tr			
	•		Gas Transporter				
marks :			······		•••••••••	••••••••••	•••••
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I hereb	y certify th	at the info	mation given above is true	and complete to the	best of my know	wledge.	
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				NameE.P.	. 		
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