NEW AEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

RECE (former and) Ravised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

MAR 1 New Well X 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 | liexice | March 15 | | | |
|---------------|-----------|----------|--------------------|--|---|----------------|---|----------------------|--|--|
| | | | OUTOTI | | (Place) | IN AS. | | (Date) | | |
| | | | - | | E FOR A WELL KNOW | | 1/ | | | |
| | Company | or Ope | rator) | (1 | | | | | | |
| D Unit | | ., Sec | 33/ | ., T 185 , R | .casc) 295, NMPM., | key Treck | Sec. e | Рос | | |
| Eddy | | | | County. Date Spude | led 1-23-62 1 | ate Drilling C | ampleted | -30-62 | | |
| | ease indi | | | Elevation 34 | 38Total Dep | th | PBTD | 2055 | | |
| | | | | Top Oil/Gas Pay_19 | Name of P | rod. Form | neen Sandst | .000 | | |
| D | C | B | A | PRODUCING INTERVAL - | | | | | | |
| | | | | Perforations 19 | 66 - 1974 | | | | | |
| E | F | G. | H | | Depth Casing Sh | oe 2978 | Depth Tubing | 1962 | | |
| | | | | | | | | | | |
| L | K | J | I | OIL WELL TEST - | | | | Choke | | |
| | | | - | | bbls.oil, | | | | | |
| M | N | 0 | P | | racture Treatment (after re | | | Choke | | |
| M | N | U | L L | load oil used): | bbls.oil, <u>10</u> bb | ls water in | hrs,m | in. Size_ 5 / | | |
| | | | | GAS WELL TEST - | | | | | | |
| | | | <u>z > 1/</u> | _ Natural Prod. Test:_ | MCF/Day; | Hours flowed | Choke Siz | ze | | |
| | | | nting Recor | | itot, back pressure, etc.): | | | | | |
| Sire | | Feet Sax | | | racture Treatment: | MCF | /Day; Hours flo | wed | | |
| | | | | | Method of Testing: | | | | | |
| 8 5/8 | | 154 | 100 | | | | | | | |
| 4 1/2 | 2 | 70 | 100 | | stment (Give amounts of mat | | | | | |
| | | | | Casino Tub | cid: 57 28,779 & 29 ing Date first new | | | | | |
| 2" | 19 | 82 | | Press. 1801 Pre | ssoil run to tan | ks Nore | | | | |
| | | | | | e Permian Corporati | | | | | |
| | | | | Gas Transporter | | | | | | |
| emarks | : | | | •••••••••••••••••••••••••••••••••••••• | | | ••••••••••••••••••••••••••••••••••••••• | ••••• | | |
| | | | | | ••••••• | ••••••• | | ••••• | | |
| | | | | | | | | •••••• | | |
| I he | reby cer | tify tha | at the info | ormation given above i | s true and complete to the | best of my kno | wledge. | | | |
| provec | 1 | <u> </u> | 4 196.9 | , 19 | | /Company or f | Derator) | ••••• | | |
| | 111/ | | · | | | | | | | |
| | OIL CO | ONSER | VATION | COMMISSION | By: | By:(Signature) | | | | |
| - | mr F | 1 | | · • | | | | | | |
| r: <i>1</i> . | /// | 122 | 646807 | ug | Title Send Co | mmunications | regarding well | to: | | |
| itle | QIL.A.E | A.GAS. | INSPECT | ≮ ≜ | NameJohn I | | <u>۔</u> | | | |
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| | | | | | Address. P. O. | Bez 520, R | ogrell, Ma | TEXLES. | | |

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| NUMBER OF COPIES RECEIVED OISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER JAS PRORATION OFFICE | CERTIFI | SA CATE OF C | OMPLIA | IEW ME | DN C AMISSION XICO ND AUTHORIZA IATURAL GAS | | FORM C-110 (Rev. 7-60) | | | |
|--|---|---------------------|-------------|----------------|--|---|---------------------------|--|--|--|
| OPERATOR | FILE THE C | RIGINAL AND | 4 COPIES WI | | APPROPRIATE OFFIC | E | 1 | | | |
| Company or Operator | | | | | Lease | | Well No. | | | |
| Unit Letter Section | | County County | | | 1-33 | | | | | |
| Pool | 188 | | 291 | | Kind of Lease (State, Fed Fee) | | | | | |
| | | | | | | | ····· ··· ···· ···· | | | |
| If well produces oil or conde give location of tanks | nsate | Unit Letter | | ction | | Range | | | | |
| Authorized transporter of oil 🙀 or con | densate 📃 | 9 | Address (| give addı | ess to which approved copy | y of this fo | with is to be sent) | | | |
| The Permian Corporat | :ien | | P. | 0. B | HR 4157 | | | | | |
| | ls Gas A | ctually Conne | 1 | | 10 | | | | | |
| Authorized transporter of casing head ga | s or dry gas | Date Con- nected | Address (| give addr | ess to which approved copy | y of this fo | rm is to be sent) | | | |
| your | | | | | | | | | | |
| New Well Change in Trau Oil Casing hea | Cas insufficient to market. REASON(S) FOR FILING New Well | | | | | G (please check proper box) Change in Ownership Other (explain below) MAR 1.1 1923 | | | | |
| Remarks The undersigned certifies that the F Executed | Rules and Regul this the | | | n Commi | ssion have been compli- | ed with. | | | | |
| OIL CONSERVAT | | | By | | | | | | | |
| Approved by | troico | | Title | | | | | | | |
| Title <i>VIL 239 GAS INSPL</i> | ECTOR | | Company | | | | | | | |
| Date MAR 1 4 19 | 62 | <u></u> | Address | J0 ?. }a | an H. TF188 O. Box 520 avall. New Mexic | • | | | | |