

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.

Artesia, New Mexico 4-16-59
(Place) (Date)

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

Malco Refineries, Inc. State RD, Well No. 1, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)
P, Sec. 14 36, T. 18 18, R. 30, NMPM., Undes. Pool
Unit Letter

Eddy County Date Spudded 3-3-59 Date Drilling Completed

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

60054E

Elevation 3518 Total Depth 3115 PBD -

Top Oil/Gas Pay 3085 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations -

Open Hole 3071 - 3115 Depth Casing Shoe 3071 Depth Tubing -

OIL WELL TEST -

Natural Prod. Test: 35 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 52 bbls. oil, 2 bbls water in 24 hrs, 0 min. Choke Size 1"

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed 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. Refined oil & 118,000# sand 20/40

Casing Tubing Date first new

Press. 60 Press. 60 oil run to tanks 4-11-59

Oil Transporter V. L. Allen, Cactus Purchaser

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8	690	25
4 1/2	3071	75
2	3010	

Remarks: Request additional 940 bbls. for purchased treatment oil

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: 19 Malco Refineries, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: J. Deans (Signature)

By: M. L. Armstrong Title: Asst. Prod. Supt.

Send Communications regarding well to:

Title: Name: J. Deans

Address: Box 367 Artesia, New Mexico