(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.

Company or Operator Clease Well No				,	Mitter	ahone, Thoma		(Date)
(Company or Operator) Sec. T. R. R. NMPM., MPM. Proceedings of County. Date Spudded. Status of Prod. Form. Please indicate location: D C B A PRODUCTIO INTERVAL - Perforations 100	E ARI	E HEREBY	REQUES	ING AN ALLOW	ABLE FOR A W	ELL KNOWN AS	3 ;	, ,
County. Date Spudded Please indicate location: D C B A Perforations 100 Depth D		COLUMN TO COLUMN THE C	Till make	OLI Company	THE R	Well No	, in	
County. Date Spudded. Please indicate location: Please indicate location: Top Oil/Gas Pay		Company of	Operator)		(Lease)	_	_	
Please indicate location: D C B A PRODUCING INTERVAL - Perforations 1859, 99, 1701 E F G H Open Hole	Unit							
Top Oil/Gas Pay Name of Prod. Form. Producting interval - Perforations 169 170		May		County. Date	Spudded San Commit	Total Depth	rilling Completed	- 1266; ecopes I' 12
D C B A PRODUCING INTERVAL - Perforations 1666, 99, 1701, 08 Depth Open Hole Casing Shoe Depth Tubing Thomas Inches Choic M N O P Issue After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): Batting Casing and Camenting Record Sure Fret Sax Test After Acid or Fracture Treatment: Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: Choke Size Method of Testing: Method of Testing	P	lease indica	te location:					
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Choke Size		•	ı			•		
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Send Communications regarding well to:		Jan 2		7	,		(Signature)	
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INCLINATION REPORT

ONE C PY MUST BE FILED WITH EACH COMPLETION REPORT

Field Name Atoka (Sen Andres)	County_	Eddy, New 1	ientoo	TEX Dist. No. II
	_Address	Draver "8"	ļ	City Monahans, Texas
A Division of California Oil Company	Well No.	1		Survey Sec. 12,
	OF INCL	INATION		T-186, R-262
Angle of Depth (feet) Inclination (degre	ees) Dis	splacement (feet) <u>D</u>	Accumulative isplacement (feet)
<u> </u>		10.40		<u> 10.40</u> 18.15
82 1.85 1115 1.85		6.16	- 	24.30 30.69
1368 1.50 1800 1.25		9.42	-	10.11
1810 T.D. 1.25 Est.			-	40.31
			_	
				RECEIVED
			- 	1363
			-	1000
			-	ARTESIA, OFFICE
				
				
		Total I	isplac eme	ent 40.31
Was survey run in Tubing Casing Distance to nearest lease line	fe e t	Open Hol	e X	
Distance to lease lines as prescribed by f		es 330	feet	
Certification of personal knowledge Inclin	nation Da	ta:		
I hereby certify that I have person	nal knowl	edge of the	data and	facts placed on this
form, and that such information given above	ve is tru	e and comple		
		Signature	Wilne	Jerry C. Simons
				ny of Dums, A rnie Oil Company
		Company		
Operator Affidavit: (Note: Party making affidavit must strike out inapplicable	ohrases, and	must file expla	natory statem	ent when applicable.)
Before me, the undersigned authority, on this day, person	onally appear	ed	G. G. Ece	nig ,
known to me to be the person whose name is subscribed he (that he is identified in this instrument), and that such well was not in	acting at th	e direction and c	n behalf of th	e operator of the well
mental in this instrument, and that such well are in				
		Signature	and Title	Lood Pocksor e of Affiant
Gworn and Subscribed to before me, to				
	his the	8th	day of	October
1.9_63	his the _	8th	day of _	October
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LNFURMATION AND INSTRUCTIONS AS PER STATEWIDE RULE 54

II. INCLINATION SURVEYS

A. Requirement of

- l. An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when as a result of any operation the course of the well is changed.
- a. The first shot point of such inclination survey shall be made at a depth not greater than 500 feet below the surface of the ground and succeeding shot points shall be made either at 500 foot intervals or at the nearest drill bit change thereto; but not to exceed 1000 feet apart.
- 2. Inclination surveys conforming to these requirements may be made either during the normal course of drilling or after the well has reached total depth. Acceptable directional surveys may be filed in lieu of inclination surveys.
- 3. Copies of all directional or inclination surveys, regardless of the reason for which they are run, shall be filed as a part of or in addition to the inclination surveys otherwise required by this rule.

B. Reports

- l. The report form prescribed by the Commission shall require that it be signed and certified by a party having personal knowledge of the facts therein contained.
- a. The report shall include a tabulation of the maximum drifts which could occur between the surface and the first shot point and each two successive shot points, assuming that all of the unsurveyed hole between any two shot points has the same inclination as that measured at the lowest shot point, and the total possible accumulative drift, assuming that all measured angles of inclination are in the same direction.
- 2. In addition, the report shall be accompanied by a sworn statement of the operator, or of someone acting at his direction on his behalf either, (1) that the well was not intentionally deviated from vertical whatsoever or, (2) that the well was deviated at random, with an explanation of the circumstances.
- 3. The report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion form for the well.

4. The Commission may require the submitta of the configurato MMISSION charts, graphs, or discs resulting from the surveys.			orm for the MeTT.
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