## (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.

			Artesia, New Mexico April 14, 1958
ME AOE	UPDERV I	PEOUTEST	(Place) (Date) ING AN ALLOWABLE FOR A WELL KNOWN AS:
Willer	Prothers	OII Com	many Western Davelonmentway 1 : NW / SE
(0	Company or O	perator)	(Lesse)
J (	Se	c	(Lease)  T. 29-S , R. 28-E , NMPM., Wildcat Pool
Edd	y		County. Date Spudded 3/13/58 Date Drilling Completed 1/1/58
	ase indicate		Elevation 3493 Total Depth 1705 PBTD. None
D	C B	TA	Top Oil/Gas Pay 1748 Name of Prod. Form. Queen
			PRODUCING INTERVAL -
E	F G	H	Perforations None Depth Depth Depth
			Open Hole 1760-1765
L	K J	I	OIL WELL TEST - Choke
_		1980	Natural Prod. Test: 20 bbls.oil,O_ bbls water in 24 hrs, _O_min. Size Ba
M	N 3	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
-	_   3		load oil used): 250 bbls.oil, _O_ bbls water in 21 hrs, _Omin. Size 1/1
			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowedChoke Size
Size	asing and Ger Feet	Sax	
		<u> </u>	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing:
8-5	<del>/8 2</del> 90	Mud	
7	1760	50	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
2	1730		sand): 11,000 lbs. sand, 10,000 gals. oil. 250 gals. breakdown acid
	1170	ļ	Casing Press. 500 Tubing Press. 200 Date first new L/11/58  Oil Transporter Malco Refineries Incl Roswell, New Mexico
			Name
Remarks.	<del>-</del>	<del></del>	Gas Transporter NOTIC
Kemarks:	•••••••		
**************			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
I her	eby certify/	hat the infe	compation given above is true and complete to the best of my knowledge.
	· · · · · · · · · · · · · · · · · · ·	• , ,	19 Miller Brothers Oil Company
			(Company or Operator)
C	DIL CONSE	RVATION	COMMISSION By: (Signature)
<u> </u>	ns (	Sand	Title Partner
by: <i>К.Л</i> .,		LUIT	Send Communications regarding well to:
Title		•	Name Willer Brothers Oil Company
			Address P. O. Box 638, Artesia, N.M.

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## NEW MEX...O OIL CONSERVATION COMM...SION SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

APR 1 7 1958

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Miller Brothers Oil Com	pany Lease Western Development
Well No. 1 Unit Letter J S 11 T 1	9-SR 28-E Pool Wildcat
County Eddy Kind of Lease (S	tate, Fed. or Patented) State 648
If well produces oil or condensate, give location	n of tanks: Unit S 11. T 19-4R 28-E
Authorized Transporter of Oil or Condensate	Malco Refineries Inc.
Address Day 660 Dogwoll New World	
Address Box 660 Roswell, New Mexico (Give address to which approved co	py of this form is to be sent)
Authorized Transporter of Gas Non	
(Give address to which approved co If Gas is not being sold, give reasons and also	py of this form is to be sent) explain its present disposition:
Not present in commercial quantitie	8
Reasons for Filing:(Please check proper box)	New Well
Change in Transporter of (Check One): Oil ()	
Change in Ownership ( ) ( Remarks:	Other ()
Remarks:	(Give explanation below)
The undersigned certifies that the Rules and Reg	gulations of the Oil Conservation Com-
mission have been complied with.	
Executed this the 11th day of April 19	58
	By C. V. miller
ApprovedAPR 1 7 195819	Title Partner
OIL CONSERVATION COMMISSION	Company Miller Brothers Oil Company
By ML amistrong	Address p. u. Box 638
Title	Artesia, New Mexico

OFFICE
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