

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

Carlsbad, New Mexico Oil Cons. Comm.
(Place) ARTS & CRAFTS OFFICE (Date) 1957

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

Robert L. Bunnell Stanolind State, Well No. 1, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
G, Sec. 36, T. 19S, R. 30E, NMPM., (~~Hackberry-Yates~~) Undesignated Pool
Unit Letter

Eddy County. Date Spudded 4-8-57 Date Drilling Completed 5-9-57

Please indicate location:

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

Elevation 3412' Total Depth 2110' PBD

Top Oil/Gas Pay 2104' Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations

Open Hole _____ Depth _____ Casing Shoe 2095' Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: 12 bbls. oil, _____ bbls water in 24 hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 12 bbls. oil, _____ bbls water in 24 hrs, _____ min. Size _____ Choke

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): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks None San Yate

Oil Transporter Cactus Petroleum, Incorporated

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>607</u>	<u>25</u>
<u>5 1/2</u>	<u>2095</u>	<u>400</u>

Remarks: _____

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

Approved JUL 5 1957, 19____

ROBERT L. BUNNEL
(Company or Operator)

By: Robert L. Bunnell
(Signature)

OIL CONSERVATION COMMISSION

By: M L Armstrong

Title OIL AND GAS INSPECTOR

Title OPERATOR
Send Communications regarding well to:

Name ROBERT L. BUNNEL

Address BOX 110, CARLSBAD, NEW MEXICO