

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.

Artesia, New Mexico
(Place)

Jan. 26, 1962
(Date)

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

BOB JOHNSON

(Company or Operator)

Well No. 1, in SW 1/4 NW 1/4,

(Lease)

E 5, Sec. 5, T. 20, R. 27, NMPM., McMillian Pool

Unit Letter

Eddy

County. Date Spudded 1/24/51 Date Drilling Completed 3/22/51

Please indicate location:

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

Elevation Total Depth 881 feet PSTD

Top Oil/Gas Pay 583/585 Name of Prod. Form. Seven Rivers

PRODUCING INTERVAL -

Perforations None

Open Hole Depth Casing Shoe 455 Depth Tubing

OIL WELL TEST - Old well placed on Pump

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in 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. oil run to tanks

Oil Transporter Permian Corporation

Gas Transporter

Remarks: Old well placed on pump and will make approximately 5 bbls. oil per month

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

Approved, 19

FEB 2 1962

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

BOB JOHNSON

(Company or Operator)

By: Bob Johnson (Signature)

Title Owner

Send Communications regarding well to:

Name BOB JOHNSON

Address P. O. Box 577 Artesia, N.M.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator BOB JOHNSON Lease Le - 063567

Well No. 1 Unit Letter E S 5 T 20 R 27 Pool McMillian

County Eddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit E S 5 T 20 R 27

Authorized Transporter of Oil or Condensate The Permian Corporation

Address P. O. Box 4157 Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address _____ Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other Old Well put on Pump (X)

Remarks: _____ (Give explanation below)

RECEIVED

JAN 2 1962

O. C. C.
ARTESIA OFFICE

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 26th day of January 1962

By Bob Johnson

Approved FEB 2 1962 1962

Title Owner

OIL CONSERVATION COMMISSION

Company BOB JOHNSON

By W. L. Armstrong

Address P. O. Box 577

Title OIL AND GAS INSPECTOR

Artesia, New Mexico