

REQUEST FOR (OIL) - (GAS) ALLOWABLE

DEC 1 1961 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.

(Place)

(Date)

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

A. H. Rains

(Company or Operator)

Harrell, Well No. 1, in SE 1/4 NE 1/4,
(Lease)

H 27, Sec 27, T. 20 S., R. 28 E., NMPM., Undesignated Russell Pool

Unit Letter

Eddy

County. Date Spudded 6-19-61 Date Drilling Completed 8-19-61

Please indicate location:

Elevation 3227 Total Depth 810' PBD 777'

Top Oil/Gas Pay 760' Name of Prod. Form. Yates

PRODUCING INTERVAL -

760' - 775'

Perforations

Open Hole X Depth Casing Shoe 750' Depth Tubing 750'

OIL WELL TEST -

Natural Prod. Test: 5 gal. bbls. oil, no bbls water in 24 hrs, no min. Size no Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 5 bbls. oil, no bbls water in 24 hrs, no min. Size no 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): pressure at 7 1/2 B.P.M.

Casing P Tubing P Date first new oil run to tanks 11-1-61

Oil Transporter The Permian Corporation

Gas Transporter None

Remarks:

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

Approved DEC 1 1961, 19

A. H. Rains

(Company or Operator)

By: C. H. Rains (Signature)

Title Operator

Send Communications regarding well to:

Name A. H. Rains

P. O. Box 927

Address Carlsbad, New Mexico

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

