NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-194) Revised 7/1/57/ New Well

REQUEST FOR (OIL) - (Grack ALLOWABLE

RELEGIE

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. Farmington, New Mexico 5/3/61 (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Southwest Production Company Callow Fed. , Well No. 2 , in W 1/4 SE 1/4, (Lease) (Company or Operator) J , Sec. 33 , T 29N , R 13M , NMPM , Totah Gellup Pool Unit Lette County. Date Spudded 2/19/61 Date Drilling Completed 3/4/61 San Juan 5709 G.L. Total Depth 6622 PBID 00 8502 Please indicate location: Name of Prod. Form. Gallup 5433 Top Oil/Gas Pay___ PRODUCING INTERVAL -Perforations 5433-54, 5456-77 w/4JPF, 5409, 5379, 5441 & 5471 Casing Shoe Ħ G. E OIL WELL TEST -Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size K J I L x Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of M O GAS WELL TEST - Flow Natural Prod. Test: MCF/Day; Hours flowed Choke Size 80 Acres Method of Testing (pitot, back pressure, etc.): Tubing Casing and Cementing Record Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Sax Feet Size Method of Testing:_ 9 5/8" 339 225 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 400-2 5628 sand): Total 1.500 gal. acid-608 85,0000 20-40 ed & 142,900 gals. eil Press. 7536 Press. 328 oil run to tanks 5/1/61 Casing Gil Transporter Four Corners Pipeline Company 2" EUE 5428 Gas Transporter ____ None Remarks:

..... I hereby certify that the information given above is true and complete to the best of my knowling comp Approved......, 19......, 19....... (Company or Operator) Original signed by By: Carl W. Smith OIL CONSERVATION COMMISSION (Signature) Original Signed Emery C. Arnold Title.....Preduction Superintendent

Send Communications regarding well to: Title Superina Diet. # 3 Name Southwest Production Company

Address 162 Petr. Center Ridg., Farmington, H.M.

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