

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 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.

Hebbs, New Mexico June 19, 1963
(Place) (Date)

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

Felmont Oil Corporation Felmont Hisson State Well No. 1, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)
F, Sec. 15, T. 11 S, R. 33 E., NMPM., North Bagley Lower Penn Pool
Unit Letter

Lea County. Date Spudded 4/21/63 Date Drilling Completed 6/15/63

Please indicate location:

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

Elevation 4273 KB Total Depth 10,224 PBDT 10,165

Top Oil/Gas Pay 10,093 Name of Prod. Form. Lower Penn OKJWR

PRODUCING INTERVAL -

Perforations 10,093 - 097
Open Hole Depth Casing Shoe 10,224 Depth Tubing 10,080

OIL WELL TEST -

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): 186 bbls. oil, 223 bbls water in 24 hrs, No min. Size 20/64 Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	323	360
8 5/8	3770	260
5 1/2	10,224	300
2 3/8	10,080	

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): 500 gallons BDA

Casing Tubing Date first new Press. 4500 oil run to tanks 6/18/63

Oil Transporter The Permian Corporation

Gas Transporter _____

Remarks: See attachment for deviation surveys.

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

Approved: _____, 19 _____ Felmont Oil Corporation (Company or Operator)

OIL CONSERVATION COMMISSION

By: Leslie N. Clement

By: H. L. Smith (Signature)

Title: Agent Send Communications regarding well to:

Title _____

Name: Felmont Oil Corporation

Address: % OIL REPORTS & GAS SERVICES BOX 763 HOBBS, NEW MEXICO

Attachment Form C-104
Felmont Oil Corporation
Felmont Hisson State #1
Section 15, T11S, R33E
Lea County, New Mexico

DEVIATION SURVEYS

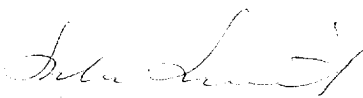
<u>Depth</u>	<u>Degrees</u>	<u>Depth</u>	<u>Degrees</u>
528	1/2	5011	3/4
1066	1/2	5700	2 3/4
1550	1/2	5960	1
1700	1/4	5982	3/4
2180	1/4	6140	1
2441	1/2	6345	1
2800	1/2	6588	1/2
3200	1/4	7114	0
3690	1/4	8383	1/2
4130	1/4	8930	3
4330	1/4	9500	4
4600	1	9850	3
4770	1/2	10224	Total Depth

I do hereby Certify that the above information was furnished by R. C. Reynolds, Engineer, Felmont Oil Corporation from his drilling records and to the best of my knowledge is true and complete.



W. L. Smith

Subscribed to and sworn before me this 19th day of June, 1963.



Notary Public in and for
Lea County, New Mexico

My commission expires 12/20/65.