

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.

Hobbs, New Mexico May 25, 1959

(Place) (Date)

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

Morris R. Antwell-Yates Federal "B" Well No. 3, in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

Sec. 29, T. 14S, R. 31E, NMPM, Caprock-Queen Pool

Unit Letter
Chaves

County. Date Spudded 4/16/59 Date Drilling Completed 4/25/59

Elevation 4209 Total Depth 2891 PBD 2877

Top Oil/Gas Pay 2856 Name of Prod. Form. Queen

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 2858 2862

Open Hole Depth 2891 Depth Casing Shoe 2850

OIL WELL TEST -

Natural Prod. Test: None 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): 46 bbls. oil, bbls water in 24 hrs, min. Size Pump

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8	162'	100
5-1/2	2891	100
2-3/8	2850	

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): S.O.F. w/20,000 gal. lease crude / 40,000# sand

Casing Press. 315 Tubing Press. Date first new oil run to tanks 5/23/59

Oil Transporter Texas-New Mexico Pipeline Co

Gas Transporter

Remarks: Recovered load oil by pump

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

Approved: _____, 19_____

Morris R. Antwell

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *Burton Yates*
Burton Yates (signature)

By: _____

Title: Agent

Title _____

Send Communications regarding well to:

Name: Morris R. Antwell

Address: Box 1038, Hobbs, New Mexico