

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 Dec. 15, 1959

(Place)

(Date)

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

J. C. BARNES OIL COMPANY HUMBLE STATE, Well No. 2, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)

J, Sec. 27, T. 12-S, R. 31-E, NMPM., RANGER LAKE Pool
Unit Letter

Lea

County. Date Spudded 9-13-59 Date Drilling Completed 11-25-59
Elevation 4172 DF Total Depth 10,385 PBD 10,310

Please indicate location:

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

Top Oil/Gas Pay 10,259 Name of Prod. Form. Pennsylvanian

PRODUCING INTERVAL -

Perforations 10,259-265'; 10,277-281'; 10,283-291'; 10,298-309'.

Open Hole _____ Depth _____ Casing Shoe 10,387' Depth _____ Tubing 10,250

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 Choke load oil used): 264 bbls. oil, 326 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	Sex
<u>13-3/8"</u>	<u>372'</u>	<u>375</u>
<u>8-5/8"</u>	<u>4250'</u>	<u>1400</u>
<u>5-1/2"</u>	<u>10385'</u>	<u>300</u>
<u>2-3/8"</u>	<u>10250</u>	

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): 8750 gallons acid

Casing _____ Tubing _____ Date first new _____
Press. PUMP Press. PUMP oil run to tanks 11-25-59

Oil Transporter Service Pipe Line

Gas Transporter Warren Petroleum (casinghead)

Remarks: This well is pumped with a Kobe Free type pump 4" X 1-3/4"

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

Approved December 15, _____, 1959

J. C. BARNES OIL COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Russell J. Ramsland
W. F. Myers (Signature)

By: _____
Engineer

Title Vice-President
Send Communications regarding well to:

Title _____

Name J. C. BARNES OIL COMPANY
Box 505, Midland, Texas

Address _____