

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well
~~REPLENISH~~

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.

Kermit, Texas March 31st, 1966

(Place) (Date)

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

Carter Foundation Production Company - Blinsky, Well No. 11, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

P, Sec. 34, T. 23-S, R. 37-E, NMPM, Langlie-Mattix Pool
Unit Letter

Lea

County. Date Spudded. 12-31-1965 Date Drilling Completed 1-7-1966

Elevation 3,290 Gr. Total Depth 3,650 PBTD

Please indicate location:

Top Oil/Gas Pay 3,650 Name of Prod. Form. Penrose

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

PRODUCING INTERVAL -

Perforations See Remarks

Open Hole _____ Depth _____ Casing Shoe 3,648 Depth _____ Tubing 3,591

OIL WELL TEST -

Natural Prod. Test: 2.76 bbls. oil, 8.24 bbls water in 24 hrs, 0 min. Choke Size 2"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 2.76 bbls. oil, 8.24 bbls water in 24 hrs, 0 min. Choke Size 2"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|--------------|-------------|-------------|
| <u>8-5/8</u> | <u>355</u> | <u>150</u> |
| <u>5-1/2</u> | <u>4648</u> | <u>1450</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): Fraced with 10,000 gallons jelled water & 20,000# sand.

Casing _____ Tubing _____ Date first new _____
Press. 60# Press. 25# oil run to tanks January 12th, 1966

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks: 5-1/2" casing perforated from 3,490 to 3,514; 3,526 to 3,544; 3,584 to 3,566 with two 1/2" holes per foot.

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

Approved _____, 19____

CARTER FOUNDATION PRODUCTION COMPANY

(Company or Operator)

By: [Signature]
(Signature)

Title: Field Manager

Send Communications regarding well to:

Name: Carter Foundation Production Company

Address: P. O. Box 900, Kermit, Texas

OIL CONSERVATION COMMISSION

By: [Signature]

Title: _____