NEW .EXICO OIL CONSERVATION COMM...SION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

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 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 filled during calendar month of completion or recompletion. The completion date shall be that date in the case of an till well when new oil is delivered into the stock tanks. Cas must be reported on 15.025 psia at 60° Fahrenheit.

| | | | Artesia, New Mexico August 18, 196 (Place) | | | | | |
|---------------------------|--|--------------------|--|--|--|--|--|--|
| | | *** | NG AN ALLOWABLE FOR A WELL KNOWN AS: | | | | | |
| C. T. (Co | Roberts | rawor) | Honolulu-State BH Well No. 2 in SW 1/4 SE 1/4, (Lease) | | | | | |
| Unit Let | Sec | 11 | T11S, R. 27E, NMPM., Coyote Queen Pool | | | | | |
| Chr | aves | | County. Date Spudded 3/29/60. Date Drilling Completed 4/3/60. | | | | | |
| Please indicate location: | | cation: | Elevation GL 3731 Total Depth 1100 PBTD 1085 | | | | | |
| D | В | TA | Top Cil/Gas Pay 980! Name of Prod. Form. Penrose Queen | | | | | |
| | | | PRODUCING INTERVAL - | | | | | |
| E | F G | +- H | Perforations <u>989-998</u> : 1005-1019: 1032-1036 | | | | | |
| | | " | Open Hole Casing Shoe 1074 Depth Tubing 1032 | | | | | |
| | . _ | | OIL WELL TEST - | | | | | |
| L | K J | I | Choke Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size | | | | | |
| | |] | Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of | | | | | |
| M | N 00 | P | Choke load cil used): 3 bbls.oil, 2 bbls water in 24 hrs, min. Size | | | | | |
| | | | GAS WELL TEST - on pump | | | | | |
| $L \times Z$ | | | *** | | | | | |
| Tubing Cas | ing and Cemen | | | | | | | |
| Size | Feet | Sax | Test After Acid or Fracture Treatment:MCF/Day; Hours flowed | | | | | |
| 4 3 40 | 1054 | | Choke Size Method of Testing: | | | | | |
| 4-1/2 | 1074 | 275 | STOKE SIZE MECHOS OF TESCHING. | | | | | |
| | | | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and | | | | | |
| | | | sand): 45.000 pounds sand and 500 barrels crude oil. | | | | | |
| 1 | 1 | | Casing Tubing Date first new Press. Press. oil run to tanks June 5, 1960. | | | | | |
| 1 | 1 | | 1 | | | | | |
| | | | Oil Transporter McWood Corporation. | | | | | |
| | | | Gas Transporter None | | | | | |
| Remarks: | | | | | | | | |
| Remarks: | | | | | | | | |
| Remarks: | | | | | | | | |
| •••••• | y certify tha | t the infor | | | | | | |
| I hereb | • | | Gas Transporter None | | | | | |
| I hereb | • | | Gas Transporter None | | | | | |
| I hereb | ····· / /////////////////////////////// | ۆ سۈنسلۇنىل | Gas Transporter None | | | | | |
| I hereb | L CONSER | VATION | Gas Transporter None Transpor | | | | | |
| I hereb | L CONSER | ۆ سۈنسلۇنىل | Gas Transporter None rmation given above is true and complete to the best of my knowledge. G. T. Robertson (Company or Operator) (Signature) Title Production Foreman | | | | | |
| I hereb | L CONSER | VATION | Gas Transporter None Title Production Foreman Send Communications regarding well to: | | | | | |
| I hereb | L CONSER | VATION | Gas Transporter None rmation given above is true and complete to the best of my knowledge. G. T. Robertson (Company or Operator) (Signature) Title Production Foreman | | | | | |

| | ARTESIA DISTRICT DESICS | | |
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| | BUREAU OF MINES | | |

(Fire the original and a copies with the appropriate district office)

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CERTURATE OF COMPURED A CAUTHORIZATION TO TRANSPORT HILLIND NA FEAL GAS

AUG 1 9 1960

| Company or Operator | C. T. Rol | ertson | ent negas, leanne menanaga n adalah an | i en e | Hongiut | u-state | *B |
|--|--|--|---|--|--|---|--------------|
| Well No. 2 Unit 1 | | | | | 1-11-2017 | DILLIPE | |
| County Chaves | K and of | Least (Si | | or Pate: | ted) St | ate | |
| If well produces cil or co: | ndensat: pi | s location | of tenks: | Unit J | 11 T | 11 R | 27 |
| Authorized Transporter 3 | f Oil or Con- | | McWood | Corporat: | ion | the Bright in alternation is even and a | |
| Address Petro leum Bu | ilding, Ab | il£ne, Te | x as | | | | |
| (Give address | to which ap- | aroved cop | eid; - y | form is to | be sent) | | |
| Authorized Transporter o | f Gas | None | nan sa a sa s | | 1 - National States - Budga States - St | | |
| Address | and an appropriate the second | | | Date (). | nected | | |
| Address (Give add mas | | | | | | | |
| If Gas is not being sold, g | • | | | | . aposition: | : | , |
| No outlet faciliti | es and gas | volume t | oo small | • • | · · · · · · · · · · · · · · · · · · · | | |
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