REQUEST FOR (OIL) - (XXXX) ALLOWABLE

New Well

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 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			Artesia, Now Mexico April 17, 1959
			(Place) (Date)
OF CHI	EREBY RI	indivi	ING AN ALLOWARLE FOR A WELL KNOWN AS: THE THE SHIP OF
/ Carr	SARE OF OR	PRANT!	(Icase)
M Nate Lett		15	T 11S , R 27E , NMPM., Wildest Pool
	Chaves		County. Date Spudded 3-28-59 Date Drilling Completed 3-31-59 Elevation 5600 Total Depth 940 PBTD
Please	indicate le	ocation:	·
0 1 0	3 B	TA	Top Oil/Gas Pay 869-91 Name of Prod. Form. Queen
		"	PRODUCING INTERVAL -
E F	r G	H	Perforations 861-91 900-14 920-35 Depth Depth Open Hole Casing Shoe Tubing
	' G	•	Open Hole Casing Shoe Tubing
			OIL WELL TEST -
. 1	K J	I	Choke Natural Prod. Test: 10 bbls.oil, 0 bbls water in 24 hrs, min. SizeOI
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
1	1 0	P	load oil used): 45 bbls.oil, 0 bbls water in 24 hrs, min. Size 1
	1		GAS WELL TEST -
99:	5 5 €	W	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
ina Casi	ing and Come	nting Reco	•
Sire	Feet	Sax	Method of Testing (pitot, back pressure, etc.):
			Choke Size Method of Testing:
4출"	946	225	
2"	820		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): Halliburton w/103,500 lbs. sand and 600 bbls. of oil
		<u></u>	Casing 180 Lbs Tubing 50 lbs Date first new Press. 50 lbs oil run to tanks 4-16-59
			Oil Transporter Allen Transportation to Castus Petroleum
		<u> </u>	Gas Transporter
narks:			
I hereb	y certify th	at the inf	formation given above is true and complete to the best of my knowledge.
proved	AF	19 19	and N. R. Williamson, a pertnership (Company of Operator)
OT.	I. CONSEI	RVATION	N COMMISSION By: 711 Listleane
\J.		~ ~	(Signature)
	L (In	melr	Title
			Send Communications regarding well to:
ie	*****************		Name Waters & Williamann
			Address Box 144, Artesia, New Mexico.