

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 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

12/12/61

(Place)

(Date)

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

BOND OIL CORPORATION Jacobs-Federal

Well No. 4, in NE 1/4 SW 1/4,

(Company or Operator)

(Lease)

K

Sec. 18

T. 8S

R. 35E

NMPM., Milnesand-San Andres

Pool

Unit Letter

Roosevelt

County. Date Spudded 11/3/61

Date Drilling Completed 11/18/61

Please indicate location:

Elevation 4229.1 GL

Total Depth 4720 PBD 4695

Top Oil/Gas Pay 4515 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4522-56; 4570-4600

Open Hole Depth 4716 Depth Tubing 4504

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 load oil used): 77 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 24/64" Choke

GAS WELL TEST -

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

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): A/3250 gals MCA & 6000 gals NE

Casing Press. 1400 Tubing Press. 50 Date first new oil run to tanks 12/8/61

Oil Transporter The Permian Corp.

Gas Transporter Sinclair Oil & Gas Company

Remarks:

Drilled as El Chorro, change of operator 12/1/61

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

Approved: _____, 19____

BOND OIL CORPORATION

(Company or Operator)

OIL CONSERVATION COMMISSION

By: A. L. Smith

(Signature)

Agent

Title: Send Communications regarding well to:

c/o Oil Reports & Gas Services

Name: Box 763, Hobbs, New Mexico

Address:

By: _____

Title: _____