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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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.

Midland, Texas
(Place)

September 25, 1961
(Date)

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

Sam Boren King-Davis Federal, Well No. 2, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)
B, Sec. 33, T. 8S, R. 37E, NMPM, Allison Park Pool
Unit Letter Roosevelt

County. Date Spudded 7-22-61 Date Drilling Completed 9-3-61

Please indicate location:

Elevation 4010 Total Depth 9606 PBTD

Top Oil/Gas Pay 9566 Name of Prod. Form. Rough "C"

PRODUCING INTERVAL -

Perforations 9566-9576

Open Hole Depth Casing Shoe 9606 Depth Tubing 9548

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): 228 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size 1 1/2" 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):

Casing Press. 1000 Tubing Press. 575 Date first new oil run to tanks 9-22-61

Oil Transporter McWood Corporation

Gas Transporter None Yet

Remarks: Allison Park Pool 80%

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

Approved: _____, 19_____

Sam Boren

(Company or Operator)

By: _____
(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title Agent

Send Communications regarding well to:

Title _____

Name Sam Boren

