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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE 000

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 in 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

December 28, 1962

(Place)

(Date)

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

Robert A. Dean

(Company or Operator)

Luman

(Lease)

, Well No. 2, in SE 1/4 NE 1/4,

H Sec. 23, T. 8-S, R. 34-E, NMPM, Milnesand San Andres Pool

Roosevelt County. Date Spudded. 12-5-62

Date Drilling Completed 12-15-62

Please indicate location:

Elevation _____ Total Depth 4650 PBD 4638

Top Oil/Gas Pay 4601 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4601-4623, 1/ft.

Open Hole - Depth 4638 Casing Shoe 4638 Depth 4630 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 48.5 bbls. oil, 0 bbls water in 24 hrs, - min. Choke Size 1/2"

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): 15000 gal. oil, 30000# sand, 218,000cf CO₂, 800 g. acid

Casing 2400# Tubing 1100# Date first new oil run to tanks December 19, 1962

Oil Transporter The Permian Corporation

Gas Transporter -

Remarks: Gas TSTM

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

Approved _____, 19____

Robert A. Dean

(Company or Operator)

By: _____ (Signature)

OIL CONSERVATION COMMISSION

By: _____

Title. Agent

Send Communications regarding well to:

Name. W. Pickett

901 Midland Savings Bldg.

Address. Midland, Texas

Title _____