

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.

ROSWELL, NEW MEXICO SEPT. 4, 1958
(Place) (Date)

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

M-N & ASSOCIATES LUMAN, Well No. 1, in. NE 1/4 NE 1/4,
(Company or Operator) (Lease)
A, Sec. 23, T. 8-S, R. 34-E, NMPM, UNDESIGNATED Pool

ROOSEVELT

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded 7/6/58 Date Drilling Completed 8/14/58
Elevation 4248 G.L. Total Depth 4630' FBTD 4629'

Top Oil/Gas Pay 4610 Name of Prod. Form. SAN ANDRES

PRODUCING INTERVAL -

Perforations 4610-4620

Open Hole NONE Depth Casing Shoe 4630 Depth Tubing 4629

OIL WELL TEST -

Natural Prod. Test: NONE 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): 59 bbls.oil, 2 bbls water in 24 hrs, 0 min. Size 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): 1000 GALS MUD ACID; 15,000 GALS LSE. OIL, 8000 LBS. SAND

Casing 3200# Tubing Date first new Press. NONE oil run to tanks AUGUST 29, 1958

Oil Transporter CACTUS PETROLEUM CORP., GRAFA BLOC., MIDLAND, TEXAS

Gas Transporter

Remarks:

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

Approved: 19

OIL CONSERVATION COMMISSION

By: [Signature]

Title

M-N & ASSOCIATES

(Company or Operator)

By: [Signature]

(Signature)

Title CONSULTING GEOLOGIST

Send Communications regarding well to:

Name M-N & ASSOCIATES

Address 116 N. MAIN, ROSWELL, NEW MEXICO