NEW MOXICO OIL CONSERVATION COMMISCION

Santa Fe. New Mexico

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

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.

| | - | | | | Nidland, Te (Place) | 188 Ju | n 23, 195 | (Date) |
|------------|---|----------------------|------------------|--------------------------|-------------------------------|------------------------------|--|-------------------------|
| с арс ц | FRERV R | EOUESTI | NG AN ALL | OWABLE FOR | R A WELL KNO | WN AS: | | · · |
| EXACO] | nc. Pe | ny Fede | ml | | , Well No | 2 in | SI | SE 1/4, |
| (Con | npany or Op | erator) | - 1 6-8 | (Leare) D 30-R | , NMPM., L1 | tle Lucky La | ke (Deveni | an) Pool |
| | | | | | | | | |
| Chaves | Į | | County. D | ate Spudded 2 | -18-59 | Date Drilling C | mpleted | 296 |
| | e indicate l | | Elevation | | Total 2 | | | |
| D | C B | A | | | | | | |
| | | | PRODUCING I | | 4. 13 3000 | | | |
| E | F G | H | Perforation | | te 11,190 Depth Casing | | Depth | 1 1251 |
| - - | | | Open Hole | none | Casing | Shoe Le sle | fucing | |
| ╤╼┼╼╴ | K J | I | OIL WELL TE | | | | | Choke |
| L 1 | | | | | bbls.oil, | | | |
| | | | Test After | Acid or Fractur | e Treatment (after | recovery of volum | ne of oil equa | l to volume of Choke |
| M | N O X | P | load oil us | sed): <u>332</u> b | obls.oil,O | bbls water in | <u>7</u> hrs, <u>0</u> | min. Size 14/ |
| | • | | GAS WELL TE | | | | | |
| | | | Natural Pro | od. Test: | MCF/Day | ; Hours flowed | Choke S | ize |
| ubing Cas | ing and Cem | enting Reco | rd Method of 1 | Testing (pitot, | back pressure, etc | .): | | |
| Size | Feet | Sax | | Acid or Fractur | re Treatment: | MC | F/Day; Hours f | lowed |
| | 1.40 | 1.40 | Choke Size | Method | d of Testing: | | | |
| 3 3/8" | 450 | 650 | | | (Give amounts of r | materials used, su | uch as acid, w | ater, oil, and |
| 9 5/8 | 2926 | 1700 | 1 | | | | ÷ | |
| | 12206 | 400 | sand): Casing | Tubing | Date first : OD oil run to | new tanks June 6 . | 1959 | |
| 7 * | 12200 | 400 | Press | Press. | A OIL Company | (Trucks) | | |
| 2 3/8 | 11150 | | | | | | | |
| | Leidine | nerforet | Gas Transp | 111401 to] | 111901 with 50 | O gals LST 1 | TEA Acid | •••••• |
| emarks: | ••••••••••••••••••••••••••••••••••••••• | Your Constant | | | | | ······································ | |
| •••••• | | ~; | ITT. | χ_{II} | 1201 | <u> </u> | <u>1 : GX</u> | <u> </u> |
| T 11 | | hat the inf | formation give | n above is tru | e and complete to | the best of my kn | owledge. | |
| 1 here | by certify t | | Offication give | , 19. 59 . | TELACO | | ····· | |
| pproved | | | | | | (Company or | Operator) | |
| O | IL CONSE | RVATIO | N COMMISS | ION | Ву | (Signat | | |
| | | - (/ | Ch. | | | trict Account | | |
| Yim | 12 | | 10209- | 1104 | Title | Communications | regarding we | ell to: |
| `itle | | • , | -7 | | | | | |
| | | ······ | / | | NameE.H. | | ····· | |
| | | | | | Address PO B | ox 352 Midl | and, Texas | |