

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.

Lovington, New Mexico 2/1/58
(Place) (Date)

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

J.R. & R.L. McLaughlin Phillips State, Well No. 1, in SW 1/4 NW 1/4,
(Company or Operator) (Lease)

E, Sec. 35, T14 S, R. 31E, NMPM, Caprock Queen Pool
Unit Letter

Chaves County. Date Spudded 8/15/57 Date Drilling Completed 8/23/57

Please indicate location:

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

Elevation 4414 DF Total Depth 3128 PBD 3120

Top Oil/Gas Pay 3106 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3106-3109

Open Hole Depth Casing Shoe 3120 Depth Tubing 2900

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): 20 bbls. oil, 10 bbls water in 24 hrs, 0 min. Stock Pumping

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): 12,000 gal. crude - 15,000# Sand

Casing Tubing Date first new Press. 1800psi Press. oil run to tanks 2/1/58

Oil Transporter

Gas Transporter

Remarks: This well was drilled and completed as Holder & Ross No. 1 Phillips State

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

Approved, 19.....

J. R. & R. L. McLaughlin

(Company or Operator)

By: [Signature]
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]
Title

Title: Partner

Send Communications regarding well to:

Name: J.R. & R.L. McLaughlin

Box 818, Lovington, N.M.

Address:

Phone 7111