

NEW MEXICO OIL CONSERVATION COMMISSION
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 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Snyder, Texas

6-1-55

(Place)

(Date)

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

Lion Oil Company

Erwin

Well No. 6, in SW 1/4 NW 1/4

(Company or Operator)

(Lease)

E

4

T. 15B

R. 31E

NMPM, Undesignated

Pool

(Unit)

Chaves

County. Date Spudded 5-5-55

Date Completed 5-30-55

Please indicate location:

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|--|--|--|--|
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| | | | |
| | | | |

Elevation 4450 DF Total Depth 3180, P.B. 3151

Top oil/gas pay 3132 Name of Prod. Form Queen Sand

Casing Perforations: 3136-3145 or

Depth to Casing shoe of Prod. String 3179

Natural Prod. Test 80 BOPD

based on 80 bbls. Oil in 24 Hrs. - Mins.

Test after acid or shot. BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential

Size choke in inches 2 1/2

Date first oil run to tanks or gas to Transmission system: 5-30-55

Transporter taking Oil or Gas: Artesia Pipe Line Company

Casing and Cementing Record

Size Feet Sax

| | | |
|--------|------|-----|
| 10-3/4 | 303 | 250 |
| | | |
| 5-1/2 | 3168 | 150 |
| | | |

Remarks:

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

Approved _____, 19_____

Lion Oil Company

(Company or Operator)

By: *J. S. Anderson*

(Signature)

OIL CONSERVATION COMMISSION

Title: District Engineer

Send Communications regarding well to:

Name: Lion Oil Company

Address: Box 492, Snyder, Texas

By: _____

Title: _____

