NEW EXICO OIL CONSERVATION COMN. JION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (*** ALLOWABLE

New Well

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.

			Midland, Texas	
WE ARE	HEREBY	REQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
Josep	h.L. 0! b	Weill, Jr.	Jed. B., Well No. 5, in SE	1/2 NW 1/2
(Company or Operator)		Operator)	(Lease)	,
Unit	Letter	Sec9	., T15S, R31E, NMPM., Caprock-Queen	Pool
Ch	AV68		County. Date Spudded9-1-57 Date Drilling Completed	9-6-57
Please indicate location:			Elevation 4435.8 D.F. Total Depth 3184 PBT	D3180'
DI	C	ВА	Top Oil/Gas Pay 3166 Name of Prod. Form. Ones	
			PRODUCING INTERVAL -	
E	F	G H	Perforations 3164 - 3173'	
		4 1	Open Hole No Casing Shoe 3180.87 Tubin	g 31 76'
L	K	JI	OIL WELL TEST -	
1.			Natural Prod. Test: 0 bbls.oil, 0 bbls water in 0 hr	
M	N) P	Test After Acid or Fracture Treatment (after recovery of volume of oil	
"	." `	' '	load oil used): 58 bbls,oil, 8 bbls water in 24 hrs,	Choke Omin. Size Coen
			GAS WELL TEST -	
			Natural Prod. Test: MCF/Day; Hours flowed Cho	ke Size
tubing ,Co	asing and G	ementing Recor		
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hou	
8-5/8	306	164	Choke Size Method of Testing:	
9-210	300	103		
5-1/2	3181	175	Acid or Fracture Treatment (Give amounts of materials used, such as acid	
			sand): 500 gal mud acid 10 000 gal oil w/ls sand	i per gal.
2-3/8	3176		Press. 2300# Press. Pkr. oil run to tanks Sept. 15, 195	
			Oil Transporter Artesia Pipe Line Company	
			Gas Transporter Flared	
Kemarks:		••••••	251-1 (51)	1/2
				<u> </u>
			mation given above is true and complete to the best of my knowledge.	
Approved		••••••		
_	TT 0055		(Company or Operator)	lors or owner on a
O	IL CONSI	LKVATION	COMMISSION By: (Signature)	C. L. Fly, Jr.)
Bv:		_///_	Title Production Clerk	
—, · ········	***************************************		Send Communications regarding	well to:
Title		·····		
			NameJoseph L. O'Neill. Jr.	

Address....410. West. Ohio, Midland, Texas