

# 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.

Artesia, New Mexico January 20, 1958  
(Place) (Date)

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

R. D. Collier-Gulf State, Well No. 2, in NW 1/4 NW 1/4,  
(Company or Operator) (Lease)

D Sec 24 T 138 R 31 NMPM, Caprock Queen Pool  
Unit Letter

Chaves

County Date Spudded 12/30/57 Date Drilling Completed 1/2/58

Please indicate location:

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

Elevation 4402 Total Depth 3106 PBD

Top Oil/Gas Pay 3063 Name of Prod. Form. Queen

## PRODUCING INTERVAL -

Perforations 3063 - 3068

Open Hole Depth Casing Shoe 3100 Depth Tubing 3000

## OIL WELL TEST -

Natural Prod. Test: 25 bbls. oil, -0- bbls water in 24 hrs, 0 min. Size open Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size 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) 15000 gal. Oil & 15000 #sand

Casing Tubing Date first new Press. Press. oil run to tanks 7/1/58

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter

## Tubing, Casing and Cementing Record

Size	Feet	Sax
85/8 "	300	100
5 1/2	3100	100

Remarks: Gov. TSTM- JLM (16 bbls)

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

By: [Signature] (Company or Operator)

Title Partner

Send Communications regarding well to:

Name R.D. Collier

Box 798, Artesia, N.M.

Address