

NEW MEXICO OIL CONSERVATION COMMISSION
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 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.

Artesia, New Mexico February 6, 1958
(Place) (Date)

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

Crest Oil Company Gulf State, Well No. 4, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)
H Sec. 22, T. 14S, R. 31E, NMPM., Caprock Queen Pool
Unit Letter
Chaves

Please indicate location:

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

County Date Spudded 8/21/57 Date Drilling Completed 8/28/57
Elevation 4411 Total Depth 3124 PBT

Top Oil/Gas Pay 3097 Name of Prod. Form. Queen Sand

PRODUCING INTERVAL -

Perforations 3097-3100

Open Hole None Depth Casing Shoe 3124 Depth Tubing 3120'

OIL WELL TEST -

Natural Prod. Test: 80 bbls. oil, No bbls water in 24 hrs, 0 min. Choke Pumping

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. Choke

GAS WELL TEST -

Natural Prod. Test: TSTM 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):

Casing Tubing Date first new
Press. Press. oil run to tanks 2/5/58

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter None

Remarks: 43.16 TSTM

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

Approved, 19 Crest Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Agent

Title Send Communications regarding well to:

Name Crest Oil Company

Address Box 433, Artesia, New Mexico