

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.

Hobbs, New Mexico

1/19/59

(Place)

(Date)

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

MORRIS R. ANTWEIL - YATES-FEDERAL "B"

Well No. 2, in NE 1/4 NE 1/4,

(Company or Operator)

(Lease)

A

Sec. 29

T. 14S

R. 31E

NMPM,

Caprock-Queen

Pool

Unit Letter

Chaves

County. Date Spudded. 12/8/58

Date Drilling Completed 12/15/58

Elevation 4243

Total Depth 2928

PBTD

2922

Please indicate location:

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

Top Oil/Gas Pay 2909

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 2909.5

2917.5

Open Hole

Depth

Casing Shoe 2928

Depth

Tubing 2900

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 54 bbls. oil, bbls water in 24 hrs, min. Size Pump

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	191	100
5-1/2"	2928	100
2-3/8"	2900	

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): S.O.F. w/200000 lbs. crude / 40,000# sand

Casing Tubing Date first new
Press. 300 Press. oil run to tanks 1/17/59

Oil Transporter Texas New Mexico Pipeline Co.

Gas Transporter

Remarks:

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

Approved, 19.

MORRIS R. ANTWEIL

(Company or Operator)

By:

Burton Veteo

(Signature)

Agent

Title:

Send Communications regarding well to:

Name Morris R. Antweil

Address P.O. Box 1058, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By:

Title