W MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLEFICE OCC 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-101 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was bent. 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.

to the stock	tanks. Ga	s must be re	ported on 15.	025 psia at 6	0° Fahrenheit. Hobbs,	New Mexi	co Septe	mber 3,195		
				(Place)			•	(Date)		
Morris	R. An	tweil	Ya	tes Fede	OR A WELL K ral Well No	7	, in	NE 1/4		
(Com	(Company or Operator) A Sec. 33			R. 31) , NMPM., .	Caprock	Queen	Pool		
(I'nit)							9-1-			
			County. Da	ate Spudded		, Date Coi	mpleted	<u> </u>		
Please	indicate l	ocauon:				21001		***		
		X	Elevati	on 4425.8	GL Total I	Depth 31201	, P.B3	TTO.		
			Top oi	1/gar pay 30	92 - 3105	Name of Pro	od. Form			
			Casing	Perforations:	3097-3	102.	••••	or		
			Depth	to Casing sho	e of Prod. String	3120'		•••••		
			Natura	l Prod Test	None t	aken	*************************	ROPD		
ļ	1									
							Hrs			
			Test af	ter ngick nash	34) 		B OPD		
Casing a Size	nd Cement Feet	ing Record Sax	Based o	on 93	bbls. Oi	1 in5	Hrs	Mins.		
8-5/8	305	140	Gas W	ell Potential						
			6: 1		Or	en	•			
5-1/2	3120	100								
			Date fi	rst oil run to	tanks or gas to I	ransmission syst	9-1-5	77		
			Transp	orter taking (Dil or Gas:	tesia Pip	e Line Con	npa ny		
				1	1 70	7 11	(- A /		
marks:	******			<u> </u>		······································				
						147	1-11/2			
T L . 1				ahava :- +	e and complete t	o the best of m	v knowledge			
			mation given		Morris	R. Antwei	1, 011 Ope	rator		
proved	······································	••••••••••	******	,	1	Company	or Operator)			
(DII)	CONSE	VATION (COMMISSIC	ON	By Ken J	maines (si	znature)			
1/1	K	Sein	tim		Til. KR	nt	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
.V	/		1	<i>J</i>	TitleSer	d Communicat	ions regarding we	ell to:		
le		A A 14			Name Mo	orris R. 4	Intweil, O	ll Operator		
					AddressP	.0. Box 10	58, Hobbs	New Mexi		