NEW MEDICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) 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 sente 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			Big Spring, Toxas May (Place)	19, 1959 (Date)
EARE	HEREBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS: ORAFION State "B" , Well No, in	, 188
/ C	ompany or Op Sec Sec	APEROP	(Lease) (Lease) T 14-8 R 33-E , NMPM., Saunders	
			County Date Spudded 3-20-59 Date Drilling Completed	5-8-59
Plea	ase indicate	location:	Elevation 4210 Total Depth 10,953 FBTD	***************************************
D	C B	A	Top Oil/Gas Pay 9974 Name of Prod. Form. PORMSTLY. PRODUCING INTERVAL -	6#1 6#
E	F G	H	Perforations 9974-9980 Depth Depth Open Hole Casing Shoe 10,053 Tubing	9992
L	K J	I	OIL WELL TEST - Natural Prod. Test: bbls.oil, bbls water in 24 hrs,	Choke
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal load oil used): bbls.oil,bbls water in 24 hrs, #6	ual to volume of
			GAS WELL TEST -	
			Natural Prod. Test: MCF/Day; Hours flowed Choke	Si ze
	sing and Cem		Method of Testing (pitot, back pressure, etc.):	
Size	Fort	SAX	Test After Acid or Fracture Treatment: MCF/Day; Hours	
3-3/	8 306	325	Choke Size Method of Testing:	
	4 4 4 4	2000	Ac.d or Fracture Treatment (Give amounts of materials used, such as acid,	water, oil, and
03/	87 4164	7000	sand): Washed W/500 gal MA	
5-1/	2" 10,0	3 300	Casing Tubing Date first new Press Cast Press oil run to tanks	<u> </u>
	<u> </u>		Oil Transporter Service Pipe Line Company	
		<u> </u>	Gas Transporter	<u> </u>
marks:.	• • • • • • • • • • • • • • • • • • • •	••••		******
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I bere	hy certify th	hat the info	ormation given above is true and complete to the best of my knowledge.	A A
proved.	•		, 19 COSDEN PETROLEUM CORPORAT (Company or Operator)	XOB.
О	IL CONSE	RVATION	COMMISSION By: (Signature)	
4	3/1 C	1/2/11.	funt. of Production	
		(1/2)	Title Send Communications regarding w	ell to:
tle	······································		Name COM EN PETROLEUM CORPOR	ation
			Address.Box1311,BigSpring.	Texas

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