DISTRIBUTION: NEW MEXICO OCC NE' MEXICO OIL CONSERVATION COM SSION Mr. J. A. Quines (Form C-104) Revised 7/1/57 Santa Fe, New Mexico Mr. L. H. Shearer REQUEST FOR (OIL) - (GAS) ALLOWABLE BBS OF FIC Recompletion Mr. D. V. Kitley Mr. T. A. Steele Mr. T. O. Webb This form shall be submitted by the operator before an initial allowable will be assigned to approximately present the assigned of the present of the same District Office to which Form C-101 wappent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during dandar 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 10-7-57 WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: THE OHIO OIL COMPANY State E-476 MAN , Well No. 2 , in MW 1/4, (Company or Operator) D Sec 30 T 125 R 388 NMPM, CHARLED Pool Los County Date Spudded 7-14-57 Date Drilling Completed 9-27-57 Elevation 3890 KDB Total Depth 11.990 Please indicate location: Top Oil/Gas Pay 11.9691 Name of Prod. Form. Devonian C В A PRODUCING INTERVAL -X Perforations Depth Tubing 2" @ 11,969! H Casing Shoe 11,969! Open Hole 11.9691-9901 OIL WELL TEST -L I Natural Prod. Test: 295.97 bbls.oil, 2.60 bbls water in 21 hrs, - min. Size 13/61 Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of 0 load oil used): - bbls.oil, - bbls water in - hrs, min. Size GAS WELL TEST -MCF/Day; Hours flowed - Choke Size -Natural Prod. Test: Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.): _____ Size Feet SAT Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed____ Method of Testing: 350 <u> 13-3/8"</u> 36h1 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 1550 1,521,1 sand): Date first new Tubing Date first new oil run to tanks 10/5/57 680 119691 Oil Transporter Service Pine Line Commany Gas Transporter _____ Remarks: Request top pool allowable 250 BOPD affective 10/5/57 I hereby certify that the information given above is true and complete to the best of my knowledge. Approved 19 THE OHIO OIL COMPANY ORIGINAL Company or Operator) By: SIGNED BY: 6. G. HOWARD OIL CONSERVATION COMMISSION (Signature) By: ______ Title Asst. Supt. Send Communications regarding well to: Name. The Ohio Oil Company

Address Bex 2107, Hebbs, New Mexico