

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.

Hobb, New Mexico

6-24-63

(Place)

(Date)

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

McFarland Corporation  
(Company or Operator)

Harria  
(Lease)

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

B  
Unit Letter

Sec. 2

T. 13-S

R. 38-E

NMPM,

Wildcat

Pool

Lea

County. Date Spudded. 4-27-63

Date Drilling Completed

6-17-63

Please indicate location:

Elevation 3793 G. L.

Total Depth 11,874'

PBTD 11873'

Top Oil/Gas Pay 11,864

Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 11,866' - 11,873'

Open Hole

Depth

Casing Shoe 11,874

Depth

Tubing 11,860

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 242 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 1

GAS WELL TEST -

Natural Prod. Test: 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): 1500 gal DS-40 acid 75 bbls oil

Casing Tubing Date first new

Press. 200 Press. 4800 oil run to tanks 6-22-63

Oil Transporter Phillips Pipe Line Company

Gas Transporter Sinclair Oil & Gas Company

Remarks: Sinclair or Phillips have not tied in to tank battery yet but plan to as soon as possible.

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

Approved: 19

McFarland Corporation

(Company or Operator)

By: Richard L. Johnson

(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title: Vice President

Send Communications regarding well to:

Title: [Signature]

Name: McFarland Corporation

Address: 3612 West Well, Midland, Texas