

REQUEST FOR (OIL) - (GAS) ALLOWABLE

DISTRICT OFFICE OF 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 QUADRUPPLICATE 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.

(Place)

(Date)

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

(Company or Operator) _____, Well No. _____, in _____ 1/4 _____ 1/4 _____
(Lease) _____
Sec. _____, T. _____, R. _____, NMPM., _____ Pool

Unit Letter
Lee

County _____ Date Spudded _____

Date Drilling Completed _____

Please indicate location:

Elevation _____ Total Depth _____ PBTD _____

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

5572-18', 1861-65', 3067-72', 3078-80', 3092-95'

Perforations _____

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

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 Choke load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

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): _____ gals. 10% reg. acid, 20,000 gals. lease crude.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks

Oil Transporter _____

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sex
3-5/8"	330'	300 SX
4 1/2"	4068'	300 "
5"	3400'	

Remarks: _____

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

Approved _____, 19 _____

OIL CONSERVATION COMMISSION

By: _____

Title _____

(Company or Operator)

original signed by:
LESTER L. DUKE

By:

(Signature)

Title

Send Communications regarding well to:

Name

Address

Box 147, Hobbs, New Mexico