

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.

Artasia, New Mexico Dec. 18, 1958
(Place) (Date)

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

Boller and Nichols

(Company or Operator)

Well No. # 10, in SW 1/4 SW 1/4,

M

Unit Letter

Sec. 3

T. 17

(Lease)

R. 32

NMPM,

Roberts

Pool

Lea

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded 11-8-58 Date Drilling Completed 11-29-58

Elevation 4168 Total Depth 4255 PBTD

Top Oil/Gas Pay 3952 Name of Prod. Form. grayburg & San Andres

PRODUCING INTERVAL -

Perforations 3752-3962 3972-3990 4074-4088 4208-4222

Open Hole Depth Casing Shoe 4255 Tubing 4100

OIL WELL TEST -

Natural Prod. Test: 85 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size

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

GAS WELL TEST -

Natural Prod. Test: bbls. MCF/Day; Hours flowed hrs. 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): 30,000 gallons lease crude w/ 2 lbs. sand per gal.

Casing Tubing Date first new

Press. Press. oil run to tanks 12-12-1958

Oil Transporter Texas New Mexico Pipeline Company

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	366	200
5 1/2"	4255	160

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: *[Signature]*

Title

By: *[Signature]* (Company or Operator)
(Signature)

Title

Send Communications regarding well to:

Name Boller and Nichols

Address Box 123, Maljamar, N.M.