

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.

Roswell, New Mexico Dec. 28, 1960
(Place) (Date)

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

JENNINGS & WHITE Frances, Well No. 1, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

O, Sec. 4, T. 17 S, R. 32 E, NMPM., Pool
Unit Letter

Lea

Please indicate location:

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

990 S 1980 E

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>318</u>	<u>175</u>
<u>5-1/2</u>	<u>4038</u>	<u>400</u>
<u>2-3/8</u>	<u>4000</u>	

County. Date Spudded 11-26-60 Date Drilling Completed 12-20-60
Elevation 4140 Total Depth 4038 PBD

Top Oil/Gas Pay 3898 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3888 - 3916 - 3978 - 4002

Open Hole none Depth 4038 Depth Casing Shoe 4000 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 load oil used): 125 bbls. oil, _____ bbls water in 16 hrs, _____ min. Size 7/16 Choke

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): 500 gal. acid, 600 bbl. oil, 13,000 lb. sand

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 12-20

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter _____

Remarks: _____

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

Approved _____, 19____

JENNINGS & WHITE

(Company or Operator)

By: _____

(Signature)

Title _____

co-owner

Send Communications regarding well to:

Name JENNINGS & WHITE

Address Box 146, Roswell, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____