

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

MALJAMAR Aug. 14, 1961
(Place) (Date)

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

DOLLER & NICHOLS 1150 Well No. 10 in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
8 2 17 22 NMPM., MALJAMAR Pool
Unit Letter

12A County. Date Spudded 7.21.1961 Date Drilling Completed 7.29.1961
Elevation _____ Total Depth 4000 PBD _____

Please indicate location:

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

Top Oil/Gas Pay 5348 Name of Prod. Form. GRAYMERE

PRODUCING INTERVAL -

5040-03. 5044-04. 5006-10. 5008-76.

Perforations

Open Hole NO Depth _____ Casing Shoe 4000 Depth _____ Tubing 3000

OIL WELL TEST -

Natural Prod. Test: 00 bbls. oil, _____ bbls water in 12 hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 40 bbls. oil, _____ bbls water in 6 hrs, _____ min. Size 24/64 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): 1000 ACID, 50000 WATER, OIL 40000 LBS. SAND

Casing _____ tubing _____ Date first new Press. PACIFIC Press. 140 oil run to tanks AUGUST 11, 1961

Oil Transporter CONTINENTAL PIPE LINE CO.

Gas Transporter PHILLIPS PET. CO.

Remarks: GAS LINES HAVE NOT BEEN CONNECTED YET

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 _____

DOLLER & NICHOLS

(Company or Operator)

By: O.L. MacDONALD

(Signature)

Title SUPT.

Send Communications regarding well to:

Name DOLLER & NICHOLS

Address MALJAMAR, NEW MEXICO

