

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.

Maljamar, New Mexico October 1, 1958
(Place) (Date)

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

Kewance Oil Company Miller "A" Well No. 12, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)
M Sec. 23 T. 17S R. 32E NMPM, Maljamar Pool
Unit Letter

Lea

County. Date Spudded 9-31-58 Date Drilling Completed 9-14-58

Please indicate location:

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

Elevation 3983' Total Depth 4153' PBD 4120'

Top Oil/Gas Pay 3900' Name of Prod. Form. Grayburg - San Andres

PRODUCING INTERVAL -

Perforations 3900-10; 3925-32; 3936-50; 3954-68; 3979-86; 3998-1002;
4052-72.

Open Hole None Depth Casing Shoe 4150.66' Depth Tubing 3929'

OIL WELL TEST -

Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 44.69 bbls.oil, No bbls water in 2 hrs, 45 min. Choke Size 3/4"

GAS WELL TEST -

Natural Prod. Test: None 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): Sandfrac w/20,000 Gals. Refined Oil & 20,000# Sand.

Casing Tubing Date first new oil run to tanks October 1, 1958
Press. 700 Press. 5900

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter Gas to MCRA gathering system.

Remarks:

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

Approved _____, 19____

KEWANCE OIL COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Ramirez
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name R. A. McGill

Address P. O. Box 124, Maljamar, New Mexico

By: _____

Title _____