| NUMBER OF COP. JFRECEIVED<br>DISTRIBUTION |                     |             |                   | NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)<br>Santa Fe, New Mexici                                      |
|---|---------------------|-------------|-------------------|--|
| PILE                                      |                     |             |                   | Jaina Te, New Miexici  |
| U.S.G.S.                                  |                     |             |                   | REQUEST FOR (OIL) - (GAS) ALLOWABLE  |
| TRANSPORTE                                |                     | · ·         |                   |  |
| PRORATION                                 | e.                  | A3          |                   | lun De to New Wen  |
| OPERATOR                                  |                     |             |                   | JUN 10 10 Recompletion   |
| Thi                                       | • form              | chall be s  | ubmated by        | , the operator before an initial allowable will be assigned to any completed $O''_{11}$ or $G_{23}$ well.        |
| Form C.                                   | 3 10111<br>3 114 je | to be subr  | nitted in O       | UADRUPLICATE to the same District Office to which Form C-101 was sent. The allow-                                |
| shlo will                                 | be 25               | signed effe | tive $7.00$       | A.M. on date of completion or recompletion, provided this form is filed during calendar                          |
| month of                                  | of com              | nletion or  | recomplet         | io: The completion date shall be that date in the case of an oil well when new oil is deliv-                     |
| monut c                                   | n con               | crock tank  | Gat must          | be reported on 15.025 psia at 60° Fahrenheit.  |
| new mit                                   | io uic              | SUKK GIN    | . <b>V</b> uo muo | Midland, Texas 6-4-64  |
|   |                     |             |                   | (Place) (Date)   |
|   |                     |             |                   |  |
| WE AR                                     | E HE                | REBY RE     | QUESTIN           | IG AN ALLOWABLE FOR A WELL KNOWN AS:   |
|   |                     | JOHN I      | L. COX            | Mulfird, Well No. 2, in SE 1/4. NW 1/4,  |
|   | (Comp               | oany or Ope | rator)            | (Lease)<br>, T16-S , R37-E , NMPM., Lovington (Paddock) Pool   |
|   | F                   | Sec.        | 33                | T16-S, R37-E, NMPM, Lovington (Paddock) Pool   |
| Umit                                      | Lotter              | r           |                   |  |
|   | L                   | ea          |                   | County. Date Spudded4-18-64 Date Drilling Completed 5-11-64  |
|   |                     |             |                   | Elevation 3783 Total Depth 6320 PBTD 6320  |
| F   | Please              | indicate lo | cation:           | Top Oil/Gas Pay6150Name of Prod. FormPaddock   |
| D   | l C                 | В           |                   | Top Oil/Gas Pay OISO Name of From Faddock  |
|   | ľ                   |             |                   | PRODUCING INTERVAL -   |
|   |                     |             |                   |  |
| E   | F                   | G           | H                 | Perforations 6186'-90': 6224-28': 6236-52'   |
|   |                     |             |                   | Open HoleCasing Shoe6320Tubing6205   |
| •,  | •                   | 2           |                   |  |
| L   | K                   | J           |                   | OIL WELL TEST - Choke  |
| 1   | ▲                   |             |                   | Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size   |
|   |                     |             |                   | Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of                        |
|   |                     |             |                   | Choke  |
| M   | N                   | 0           |                   | load oil used): 54 bbls.oil, 0 bbls water in 24 hrs, - min. SizePump   |
|   |                     |             |                   | GAS WELL TEST -  |
|   | L                   |             | J                 |  |
|   |                     |             |                   | Natural Prod. Test:MCF/Day; Hours flowedChoke Size   |
| Tubl ng                                   | (to<br>Canit        | DTAGE)      | nting Recor       | d Method of Testing (pitot, back pressure, etc.):  |
|   | -                   | Feet        | Sax               |  |
| Siz                                       | e                   |             |                   | Test After Acid or Fracture Treatment:MCF/Day; Hours flowed  |
|   |                     |             |                   | Choke SizeMethod cf Testing:   |
| 8-5                                       | 5/8                 | 370         | 300               |  |
|   |                     |             |                   | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 3,000 gal. acid |
| 4-1                                       | /2                  | 6320        | 1500              | sand): 3,000 gal. acid   |
|   | -                   |             |                   |  |
|   |                     |             |                   | Casing Tubing Date first new   Press. Press. oil run to tanks  |
| <b> </b>                                  |                     |             |                   | The Bermian Corporation  |
|   |                     |             |                   |  |
|   |                     |             |                   | Gas Transporter None   |
| ,<br>                                     |                     |             |                   |  |
| Kemari                                    | KS :                |             | ••••••••••••••••  |  |
|   |                     |             |                   |  |
|   |                     |             |                   |  |
|   |                     |             |                   | tion shows is true and complete to the best of my knowledge.   |
| II  | hereby              | certify 1.  | at the into       | JOHN L. COX  |
| Approv                                    | red                 | <u> </u>    | IN 1              | JOHN L. COX  |
|   |                     |             |                   |  |
|   | ~**                 | OOTOT       | 31/ATTON          | COMMISSION By: XITUU COMMISSION  |
|   | OIL                 | L CUNSEI    | <b>VATION</b>     | COMMISSION By: (Signature)   |
| -   |                     | 1           | -                 | Title  |
| By:                                       |                     |             |                   | Title  |
| •   | 11                  |             |                   | Send Communications - 8  |
| Title                                     | ,<br>               |             | Cast Distric      | Name.John L. Cox   |
|   | • • • • • • • • •   |             |                   | 305 V & J Tower, Midland, Texa   |
|   |                     |             |                   | Address  |