## NEW M' CO OIL CONSERVATION COMMIS' N Santa Fe, New Mexico

## 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.

(Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN ÁS: McFarland Corporation Price Federal , Well No. 2-5 , in SW 4. SW (Company or Operator) (Lease) M. Sec. 5. T19-S. R-32-E. NMPM., Lusk (Strawn) 4. SW Unst Letter Lea County. Date Spudded 9-5-64 Date Drilling Completed 10-11-6 Elevation 3657 DF Total Depth 11.437 PBTD 11.355 Top Oil/Gas Pay 11.295 Name of Prod. Form. Strawn PRODUCING INTERVAL - Perforations 11.295' - 11.323' Open Hole None Casing Shoe 11.437 Tubing 11.268 OIL WELL TEST -					Hobbs,	New Mexico		.0-20-6	4	
McFarland Corporation   Price Federal, Well No. 2=5, in SW 14, SW (Lease)     (Company or Operator)   (Lease)     M   Sec. 5.   T.=19=8, R.=32=E, NMPM, Lusk (Strawn)     Lease   County. Date Spudded. 9=5=64.   Dete Detiling Completed .10=11-65     Please indicate location:   Elevation 3657 DF   Total Depth 11.437   PBTD 11.355     D   C   B   A   PROUCING INTERVAL -   Depth 01.437   Depth 01.437     E   F   G   H   Open Hole None   Casing Shoe 11.437   Toting 11.268     L   X   J   I   Natural Pred. Test:								(Date)		
MCFarland Corporation (Lawe)   Price Federal, Well No. 2=5, in. SW 14, SW (Lawe)   SW (Lawe)     M   Sec. 5.   T19=S.   R.=32-E.   NMPM,   Lusk. (Strawn)   I     We take   County Date Spudded.   9=5=64.   Date Drilling Ompleted   10-11-6.     Image: Sec. 5.   T19=S.   R.=32-E.   NMPM,   Lusk. (Strawn)   Image: Spudded.   9=5=64.     Image: Sec. 5.   T19=S.   R.=32-E.   NMPM,   Lusk. (Strawn)   Image: Spudded.   10-11-6.     Image: Sec. 5.   T19=S.   R.=32-E.   NMPM,   Lusk. (Strawn)   Image: Spudded.   10-11-6.     Image: Sec. 5.   To 01/Gas Pay   11,295   Name of Prod. Form.   Strawn   Depth   11,325     Image: Sec. 5.   To 01/Gas Pay   11,295   Name of Prod. Form.   Strawn   Prod. 11,268     Image: Sec. 5.   T.   To 01/Gas Pay   11,295   Name of Prod. Form.   Strawn   Prod. 11,268     Image: Sec. 5.   T.   T.   Natural Prod. Test:   Depth   Depth   Depth   Depth   Depth   Depth   Depth   Depth   Strawn   Michair Sec. 5.   Depth<	E ARE HI	EREBY RE	QUESTIN	NG AN ALLOWABLE FOR	A WELL KNO	WN ÁS:				
(Lase)   (Lase)     M   Sec.   Sec.     Jun Law   Sec.   Sec.     Las   County. Date Spudded   9-5-64   Date Dethiling Completed     D   C   B   A     Please indicate location:   Top Oil/Gas Pay   Total Deth   11,437     D   C   B   A   Perforations   11,295' - 11,323'     Perforations   11,295' - 11,323'   Depth   Depth     Perforations   11,295' - 11,323'   Depth     Den Hale   None   Casing Shoe 11,437   Tubing 11,268     Oil mail TEST   Natural Prod. Testi   Dbls.oll,   Depth     N   O   P   Natural Prod. Testi   MCF/Day; Hours flowed   Choke Size     Aking casing and Casenting Resort   Method of Testing (pitot, back pressure, etc.):   MCF/Day; Hours flowed   Choke Size     1 3/4"   850   650   Soc   Soc   Soc   Soc first new     A 1/2   11437   550   Goo gallons   15%. Na cit new   NCF/Day; Hours flowed, socid, water, oil, sacid, water, oil, sacid, water, oil, sacid, water, oil, sacid, strangeoreter     Stres	McFarla	d Corpor	ation	Price Feder	al, Well No	.2-5, in		SH		
Use Leas     County. Date Spudded. 9=5=64. Deta Detailing Completed 10=11.437     Please indicate location:     D     D     D     D     D     B     F     County. Date Spudded. 9=5=64. Depth 11.437     D D     D <td colspan<="" td=""><td>(Com</td><td>DARY OF ODEL</td><td>nator)</td><td>(Lease)</td><td>/</td><td></td><td></td><td>\</td><td></td></td>	<td>(Com</td> <td>DARY OF ODEL</td> <td>nator)</td> <td>(Lease)</td> <td>/</td> <td></td> <td></td> <td>\</td> <td></td>	(Com	DARY OF ODEL	nator)	(Lease)	/			\	
Les.   County. Date Spudded   9=5=64.   Date Drilling Completed   10=11-6     Please indicate location:   Elevation   557 DF   Total Depth   11,437   PETD   11,355     D   C   B   A   Top 01/Gas Pay			5	., T19-5, R32-E	, NMPM., ( <b>L</b> i	usk (Strawn).	J-10-	)	Pool	
Please indicate location:   Elevation_3657_DF   Total Depth_11,437   PETD_11,355     D   C   B   A   Top 01/Gas Pay_11,295Name of Prod. FormStrawn     P   G   H   Perforations11,295' - 11,323'   DepthDepthDepthDepthDepthOrmStrawn     E   F   G   H   DepthDept	•					Data Datilian G		10-11-	61.	
Prese inducte to audul.   Top 01/Gas Pay_11,295   Name of Prod. Form.   Strawn     D   C   B   A   ProDUCING INTERVAL -   Perforations   11,295' - 11,323'     E   F   G   H   Depth   Depth   Depth     Opt. Well TEST -   Depth   Depth   Depth   Depth   Depth     I   K   J   I   Natural Prod. Test:   Debts, oil,	<b>Les</b>	••••••••••••••••••		County. Date Spudded	Total [	both 11.437	. PRTD	11.355	<u>,</u>	
D   C   B   A     PRODUCING INTERVAL -   Perforations   11,295' - 11,323'     E   F   G   H   Open Hole   None   Casing Shoe 11,437   Duting 11,268     L   K   J   I   None   Casing Shoe 11,437   Duting 11,268     M   N   O   P   Natural Prod. Test:   Dbls.oil,bbls water inhrs,min. Size     M   N   O   P   Casing Shoe 11,437   Duting Characterian Context in the state of the	Please	indicate lo	cation:							
E   F   G   H     Perforations   11,295' - 11,323'   Depth     L   K   J   I     L   K   J   I     None   Casing Shoe 11,437   Depth     L   K   J   I     N   N   O   P     Natural Prod. Test:		В	A	Top Oil/Gas Pay	Name or	Prod. Form.	SELEMI		+	
E   F   G   H   Open Hole_None   Depth Casing Shoe_11.437   Depth Tubing_11,268     L   K   J   I   Open Hole_None   Casing Shoe_11.437   Depth Tubing_11,268     M   N   O   P   Istural Prod. Test:   Dbls.oil,	_			PRODUCING INTERVAL -						
Open Hole   None   Casing Shoe 11,437   Tubing   11,208     I   K   J   I   Matural Prod. Test:				Perforations 11,29	5' - 11.323'				ļ	
I   K   J   I   OIL WELL TEST -   Orn     Natural Prod. Test:  bbls,oll,bbls water inhrs,min. Si  bbls water inhrs,min. Si     N   N   O   P	EF	G	H	Open Hole None	Depth Casing	Shoe 11,437	Depth Tubing	11,268		
L   K   J   I     Natural Prod. Test:										
Image: Size Free   Sax     Image: Size Size Size Size Size Size Size Size	LK	J	I						hoke	
M   N   O   P   load oil used): _346 _bbls,oil,Obbls water in _24 hrs, _0 min. Size   Choke     X   GAS WELL TEST -   Natural Prod. Test:				Natural Prod. Test:	bbls.oil,	bbls water in	hrs, _	min. S	Size	
X   Ioad oil used):				Test After Acid or Fracture	Treatment (after	recovery of volum	e of oil equa	l to volur	ne.of	
Natural Prod. Test:   MCF/Day; Hours flowed   Choke Size     Sire   Free   Sax   Test After Acid or Fracture Treatment:   MCF/Day; Hours flowed     1 3/4"   850   650   Choke Size   Method of Testing:   MCF/Day; Hours flowed     1 3/4"   850   650   Choke Size   Method of Testing:   MCF/Day; Hours flowed     1 3/4"   850   650   Acid or Fracture Treatment:   MCF/Day; Hours flowed     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, each graph of the string person person of the string person of the string person of the string person person of the string person p	MN		P	load oil used): <u>346</u> bb	ols.oil, <u>-0-</u>	bbls water in _24	<u>+</u> hrs, <u>0</u>	min. Size	15/	
Natural Prod. Test:   MCF/Day; Hours flowed   Choke Size     Sirr   Fret   Sax   Test After Acid or Fracture Treatment:   MCF/Day; Hours flowed     11 3/4"   850   650   Choke Size   McHod of Testing:     Acid or Fracture Treatment:   MCF/Day; Hours flowed   Choke Size   MCF/Day; Hours flowed     4 1/2   11437   550   Sand):   2500 gallons   15%, NE acid   (HOMCO)     Casing   PKE:   Press.   1900   Oil run to tanks   10-16-64     Gas Transporter   Retroice Marcial Start St	x			GAS WELL TEST -						
abing , Gasing and Gementing Record   Method of Testing (pitot, back pressure, etc.):			<u></u>				<u> </u>			
Sire   Fret   Sax   Test After Acid or Fracture Treatment:   MCF/Day; Hours flowed     11 3/4"   850   650   Choke Size   Method of Testing:   MCF/Day; Hours flowed     8 5/8   3650   300   Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Figure Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Figure Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatments (Give amounts of materials used, such as acid, water, oil, acid or Fracture Treatme					MUR/ Day	; Hours llowed	Choke	12e		
11 3/4"   850   650     8 5/8   3650   300     4 1/2   11437   550     6 1/2   11437   550     7 1/2   11437   550     8 5/8   3650   300     acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, as and):   2500 callons     15% NE acid   (HOWCO)     casing   Ptress.     11 Transporter   Recorded to a second to a tasks     011 Transporter   Recorded to a second to a tasks     011 Transporter   Press.     11 hereby certify that the information given above is true and complete to the best of my knowledge.     011 CONSERVATION COMMISSION   (Company or Operation)     011 CONSERVATION COMMISSION   By     (Signature)   (Signature)     Richard L., Robinson   Signature)     Richard L., Robinson   Send Communications regarding well to:	•		-	M Method of Testing (pitot, b	ack pressure, etc.	.):			+	
11 3/4"   850   650     8 5/8   3650   300     4 1/2   11437   550     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, esting bate first new press. 1900 oil run to tanks 10-16-64     (i) 1 Transporter	Size		DAX	Test After Acid or Fracture	e Treatment:	MCF	/Day; Hours f	lowed		
8 5/8   3650   300     4 1/2   11437   550     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, a sand):     2 11437   550     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, a sand):     2 11437   550     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, a sand):     2 11437   550     Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, a sand):     Colspan="2">Colspan="2"Colsp	1 2/411	950	650	Choke SizeMethod	of Testing:				<u> </u>	
8 5/8   3650   300     4 1/2   11437   550     Sand): 2500 gallons 15% NE acid (HOWCO)     Casing Pkr. Tubing Date first new Press. 1900 oil run to tanks 10-16-64     Oil Transporter Recent control tanks 10-16-64     Oil Transporter Phillips Petroleum Co.     Gas Transporter Phillips Petroleum Co.     Gas Transporter Phillips Petroleum Co.     Control tanks of my knowledge.     Joint cont control tanks of my knowledge. <td>1 3/4</td> <td></td> <td>0.00</td> <td></td> <td></td> <td></td> <td>where period in</td> <td>ator oil</td> <td>and</td>	1 3/4		0.00				where period in	ator oil	and	
4 1/2   11437   550   sand): 2500 gallons 15% NE acid (HOMCD) Casing Etz: Tubing Date first new Press. 1900 oil run to tanks 10-16-64     011 Transporter   Transporter   Transporter   The permittan corporation of the permitta	8 5/8	3650	300							
4 1/2   11437   550   Press				sand): 2500 gallons		(HOWCO)				
Cil Transporter_ <u>Phillips Petroleum Co.</u> Gas Transporter_ <u>Phillips Petroleum Co.</u> emarks: I hereby certify that the information given above is true and complete to the best of my knowledge. pproved. C.T. ZO, 19.6.Y. McFarland Corporation (Company or Operator) OIL CONSERVATION COMMISSION By: C.C.T. ZO, 19.6.Y. McFarland Corporation (Company or Operator) By: C.C.T. ZO, 19.6.Y. McFarland Corporation (Signature) Richard L. Robinson TitleVice President Send Communications regarding well to:	4 1/2	11437	<b>5</b> 50	Press Press	900_oil run to t	anks 10-16-	64			
I hereby certify that the information given above is true and complete to the best of my knowledge. pproved				Oil Transporter Received		THE	PERMIAN	CORPOR	TIO	
I hereby certify that the information given above is true and complete to the best of my knowledge. pproved				Gas Transporter Phillin	s Petroleum	<u>Co.</u>				
I hereby certify that the information given above is true and complete to the best of my knowledge. pproved	marks:								•	
pproved Cct ZO , 19.64 McFarland Corporation (Company or Operator) (Company or Operator) (Signature) Richard L. Robinson Title Vice President Send Communications regarding well to:										
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OIL CONSERVATION COMMISSION y: Company or Operator) By: Conservation By: Conservation By: Conservation By: Conservation By: Conservation By: Conservation By: Conservation By: Conservation Signature) Richard L. Robinson Title Vice President Send Communications regarding well to:		y certify that	it the info							
Richard L, Robinson TitleVice President Send Communications regarding well to:	proved		<u>CC</u>	19.67		-				
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Richard L. Robinson Title Vice President Send Communications regarding well to:	- <b>9</b> 11	L CONSER	VATION	COMMISSION	By :	(Signatu	ne)		1	
Send Communications regarding well to.	1 bx	VN	$\langle   \rangle \langle \rangle$	to 1	Richard					
	:: <u></u>	Į l		L. And M	Title V1Ce PTC	Communications	regarding we	ll to:	1	
Name McFarland Corporation	110		-							
		•••••			Name. McFarl	and Corporat	ion			
Address. 3612 West Wall, Midland, Texas	,	- 7			3612	West Well W	dland. T	ave a		