NEV MEXICO OIL CONSERVATION COM SSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - ALLOWABLE

New Well Passemplation

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.

				Midland, 7	l'exas	9-	-28-57
				(Place)			(Date)
Mha M	HEKEBY R	EQUESTI	ING AN ALLOWABLE I	OR A WELL KNO	OWN AS:		
Co	(Company or Operator)		Bowman-Feder	Well No	<u>1</u> , in	SE 1/4	SW 1/
N	Ser	29	T 198 , R	NACOLO STATE	Indestonst	A.	, .
Van L	tter		, R	,, NMPM.,		* 4	Poo
Lea			County. Date Spudded	8-15-57	Date Drilling Co	mpleted	8_26_57
Please indicate location:			Flevation 3500 (Total	Depth 2770	PBTD	2690
D	CB	<u> </u>	Top Oil Pay 2495	Name o	f Prod. Form.	tes	
	" "	^	PRODUCING INTERVAL -		***		
			Perforations 2628	-2648			
E	F G	H	Open Hole	Depth	2720	Depth	0600
	ļ	1 1		Casing	Shoe	Tubing	2633
L	KJ	I	OIL WELL TEST -				
_	~ "	-	Natural Prod. Test:	bbls.oil,	bbls water in	- hrs.	Choke
			Test After Acid or Fract				
M	N O	P	load oil used): 40	hhla all	bacw 2	or oll equal	to volume of Choke
	x l			DD184011, <u>F.</u>	bbl skyllex in	hrs, — n	nin. Size
		لــــــــــــــــــــــــــــــــــــــ	GAS WELL TEST -				
			Natural Prod. Test:	MCF/Day	; Hours flowed	Choke Si	70
ibing ,Cas	ing and Ceme	nting Recor	Method of Testing (pitot	back pressure, etc.):		
Size	Feet	Sax					
0 = 401			Test After Acid or Fract	ure freatment:	MCF/	Day; Hours fl	owed
3 5/8 "	942	500	Choke Size Metho	od of Testing:		<u></u>	
5 1/2"	2712	600	Acid or Fracture Treatmen	nt (G ive amounts of ma	aterials used, such	as acid. wat	ter, oil, and
	-1		sand): Acidized W.				
			Casing Tubing Press.	Date first ne	ew San	d/gal.	THE TAX
-						~ 	
5#	2633		Oil Transporter The		TY (Trucks)		
	60D 6	BO STATE	Gas Transporter NO	J e			
marks:	60R - 1	STA	*************************************	***********************			
*******************	•••••••••	••••	*************************************	**********************			
	•••••••						
I hereby	certify the	et the infor	mation given above is tru	- and samplete to th	- best of b		***************************************
proved. 8		28					
proved	T. Assertion Transcript		, 19		Company or Ope		
OII	CONÉED	MATION A	001/1/466101	100	101		
OIL	CONSER	VALION	COMMISSION	Ву:	(Signature)		
		//-	12 mil 1 -	Asst.	Dist. Sup		
**********	in the second desirable of the second of the			1 1410		· · · · · · · · · · · · · · · · · · ·	to:
tle				Send Communications regarding well to: T.P. Drew			
				Name	DIGM		······································
				Rox	1970 1443-	nd me-	
NMOCC (4) USes(2)				Address Box 1270, Midland, Texas			