

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 QUADRUPPLICATE 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.

Artesia, New Mexico
(Place)

February 8, 1961
(Date)

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

Carper Drilling Company, Inc., Fee MA "B", Well No. 3, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A, Sec 31, T 17S, R 33E, NMPM., Corbin-Abe Pool
Unit Letter

Lea

County. Date Spudded 1-1-61 Date Drilling Completed 1-30-61
Elevation 4009' DT Total Depth 8570' PBTD 8825'

Please indicate location:

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

Top Oil/Gas Pay 8668 Name of Prod. Form. Abe

PRODUCING INTERVAL -

Perforations 8668' - 8722'

Open Hole -- Depth 8869 Depth Casing Shoe 8640 Depth Tubing 8640

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 225 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 3/4 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): 15,000 gallons 15% NE Fe retarded

Casing 40 Tubing 100 Date first new oil run to tanks February 7, 1961
Press. Press.

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks:

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

Approved , 19

Carper Drilling Company, Inc.
(Company or Operator)

By: [Signature]
(Signature)

Vice-President

Title Send Communications regarding well to:

Name Carper Drilling Company, Inc.

Address Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title