

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

2-9-62

(Place)

(Date)

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

Carper Drilling Company, Inc. State "AB" Well No. 1, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)

K Sec 32 T 17 S R 33 E NMPM Undesignated Pool
Unit Letter

Log

County Date Spudded 1-16-62 Date Drilling Completed 2-5-62

Please indicate location:

Elevation 4036' DF Total Depth 4955 FBTD 4940

Top Oil/Gas Pay 4512' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 4512'-33'; 4538'-46'; 4556'-76'; 4589'-4604'

Open Hole --- Depth Casing Shoe 4954' Depth Tubing 4489'

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): 100 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): 250 gal. MCA - 25,000 gal. lvs. oil plus 30,000# sand

Casing 250 Tubing 150 Date first new oil run to tanks 2-9-62

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter ---

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)

OIL CONSERVATION COMMISSION

By: J. Marshall Lewis
(Signature)

Title Vice-President

Send Communications regarding well to:

Name Carper Drilling Company, Inc.

Address Artesia, New Mexico

By: ---
Title ---