

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 Nov. 13, 1958
(Place) (Date)

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

H. R. Denius, et al Wyatt-Phillips, Well No. 9, in NE 1/4 NW 1/4,
(Company or Operator) (Lease)

C 34 T 17S R 33E NMPM., Corbin Pool
Unit Letter Sec. T. R. NMPM. Pool
Lea

County. Date Spudded Plug back 10-15-58
Date Drilling Completed

Elevation Total Depth 4523 PBD 3800

Top Oil/Gas Pay 3782 Name of Prod. Form. Queen sand

PRODUCING INTERVAL -

Perforations 3781-3797

Open Hole Depth Casing Shoe Depth Tubing 3675

OIL WELL TEST -

Natural Prod. Test: 0 bbls. oil, 0 bbls water in NO hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 8 bbls. oil, 0 bbls water in 24 hrs, No min. Size 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): 10,000 Gal. Water, 5000 # Sand

Casing Tubing Date first new 10/29/58
Press. Press. oil run to tanks

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
8"	1453	50
7"	3787	100
5 1/2"	741	40
2 3/8"	3675	

Remarks: *Target depth 4100 ft*

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

Approved: _____, 19____

H. R. DENIUS, ET AL
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *[Signature]*
(Signature)

By: *[Signature]*

Title: Co-Owner

Send Communications regarding well to:

Title: _____

Name: H. R. Denius, et al

Address: Box 565, Artesia, New Mexico