NEW M. ICO OIL CONSERVATION COMMIS IN Santa Fe, New Mexico

(Form C.164) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE HOBBS OFFICE OC & Completion

New Well

415 Citizens Nat'l Bank Bldg., Abilene,

Toxas

Address.....

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.

Abilene, Texas (Date) (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: James P. Dunigan State "B" , Well No. in 1/4 , W. 1/4, NE A Sec. 7 18 S R 33 NMPM., Corbin Abo Pool (Lease) 10-2-62 PBTD Please indicate location: Abo Reel 8710 Name of Prod. Form. Top Oil/Gas Pay_ B A PRODUCING INTERVAL -8753-63, 8773-79 Deuth G H F E Open Hole OIL WELL TEST -I L K J Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): ____bbls.oil, ____bbls water in ____hrs, __min. Size__ M GAS WELL TEST -MCF/Day; Hours flowed ____Choke Size_ Natural Prod. Test: Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.): SAX Size Feet Test After Acid or Fracture Treatment: MCF/Day; Hours flowed_ Method of Testing: Choke Size__ 300 315 11 3/4 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 3200 250 sand): 1000 gallons mud acid 1400 Tubing 325 Date first new 9000 4 1/2 Casing oil run to tanks Press. Texas New Mexico Pipe Line Company Oil Transporter_ 8908 2 3/8 Phillips Petroleum Company Gas Transporter I hereby certify that the information given above is true and complete to the best of my knowledge. James P. Dunigan Approved....., 19...... (Company or Operator) OIL CONSERVATION COMMISSION (Signature) Superintendent Send Communications regarding well to: James P. Dunigan