

REQUEST FOR (OIL) - (GAS) ALLOWABLE **DEC 17 1962** 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.

December 14 1962

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

J. J. Travis (Owner or Operator) **New Mexico State - 12,5014**, Well No. 1, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,

6 Unit Letter, Sec. 6, T. 18S, R. 34E, NMPM., Pool Vacuum Queen

Lee Co., New Mexico County. Date Spudded Nov 10, 1962 Date Drilling Completed Dec. 7, 1962
 Please indicate location: Elevation 4095 LF Total Depth 4226 PBD

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

Top Oil/Gas Pay 4165 Name of Prod. Form. QUEEN BASE

PRODUCING INTERVAL -

Perforations

Open Hole 4165 - 4190 2 shots per ft. Depth 4226 Casing Shoe 4196 Tubing

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size 12/64

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

Mem.: Fr 4000'; Injection rate 24.5
 Casing Frac: 500 gal mud acid; 30,000 gal Lee crude; 40,000' sand
 Press. _____ Press. _____ oil run to tanks 12-14-62

Oil Transporter Texas-New Mexico Pipe Line

Gas Transporter Phillips

Remarks: _____

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

Approved _____, 19 _____

By: J. J. Travis (Signature)
 Operator

OIL CONSERVATION COMMISSION

By: _____

Title: _____
 Operator

Title _____

Name J. J. Travis

Address Box 875, Midland, Texas