

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 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.

Hobbs, New Mexico 2-26-59
(Place) (Date)

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

Bishop Canyon Uranium Corp. C. M. Griffith Well No. 1, in SW 1/4 NW 1/4,
(Company or Operator) (Lease)

E. 10, T. 18-S, R. 38-E, NMPM, Wildcat Pool
Unit Letter

Lea County. Date Spudded 1-15-59 Date Drilling Completed 2-10-59

Please indicate location:

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

Elevation 3640.8 Total Depth 4995 PBD 4900

Top Oil/Gas Pay 4800 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4800 - 4806

Open Hole Depth 4990 Casing Shoe 4990 Depth Tubing 4800

OIL WELL TEST -

Natural Prod. Test: 90 bbls, oil, 30 bbls water in 10 hrs, min. Size *

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 90 bbls, oil, 30 bbls water in 10 hrs, min. Size *

GAS WELL TEST -

Sec. 10, T-18S, R-38E Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8	342	250
5 1/2	4980	400

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): 1000 gallons mud acid

Casing Tubing Date first new

Press. oil run to tanks 2-20-59 Test Tanks

Oil Transporter Shell Oil Company - Trucks

Gas Transporter

Remarks: * Swabbing

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

Approved, 19.

Bishop Canyon Uranium Corporation
(Company or Operator)

By: Charles R. Turner
(Signature)

Title President

Send Communications regarding well to:

Name Mr. Charles R. Turner

Address Box 2016, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title