NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

CORRECTED COPY

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator belief as a submitted by the operator belief as 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 1-21-59 (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Bishop Canyon Uranium Corporation Forest Well No. "A" 1 , in NE 1/4 NE 1/4. (Lease) (Company or Operator) A , Sec. 11 , T 18-S , R #8-E , NMPM , Wildcat Pool Date Drilling Completed 12-24-58 Lea County. Date Spudded 12-6-58 Elevation 3651.71 Total Depth 51121 PBTD Please indicate location: _Name of Prod. Form. San Andres Top Oil/Gas Pay 48801 D В A PRODUCING INTERVAL -48841 - 48901 Perforations___ E Ħ 48801 Casing Shoe 5051' Open Hole OIL WELL TEST -K L I Natural Prod. Test: 8 bbls.oil, 100 bbls water in 24 hrs, min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of P M N 0 load oil used): 37 bbls.oil, 330 bbls water in 24 hrs, __min. Size_ GAS WELL TEST -Natural Prod. Test: MCF/Day; Hours flowed _____Choke Size_____ Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):_____ Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size _____Method of Testing:___ 8 5/8" 225 3351 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 450 5 1/2" | 50551 sand): 500 gal. Mud Acid 2000 gal. Regular Acid Casing 1500 Tubing 2100 Date first new oil run to tanks 1-7-59 Oil Transporter Shell Pine Line Gas Transporter_ I hereby certify that the information given above is true and complete to the best of my knowledge. Bishop Canyon Uranium Corporation Approved....., 19......, (Company or Operate OIL CONSERVATION COMMISSION Title President Send Communications regarding well to:

Name Mr. Charles R. Turner

Address Box 2016, Hobbs, N. N.