

# 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.

Artesia, New Mexico June 18, 1962

(Place)

(Date)

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

Carper Drilling Company, Inc. Carper-Wyatt

Well No. 4, in SW 1/4 SE 1/4,

(Company or Operator)

(Lease)

O  
Unit Letter

Sec 33

T

17 S

R

33 E

NMNM

Maljamar

Pool

Lea

County Date Spudded

1-18-62

Date Drilling Completed

2-16-62

Elevation 4065' DF

Total Depth 8797'

PBTD

4825'

Please indicate location:

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

990' FSL & 1650' FEL

Top Oil/Gas Pay 4042'

Name of Prod. Form.

Queen

PRODUCING INTERVAL -

Perforations 4730' - 4737'; 4750' - 4756'

Open Hole --

Depth

Casing Shoe 8790

Depth

Tubing 4702'

OIL WELL TEST -

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): 40 bbls, oil, Trace bbls water in 24 hrs, 0 min. Size swb.

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): 250 gal. acid, 14,000 gal. iso. crude and 9300# sand

Casing Tubing Date first new Press. pkr. Press. 100 oil run to tanks June 2, 1962

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks:

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

Approved \_\_\_\_\_, 19\_\_\_\_

Carper Drilling Company, Inc.

(Company or Operator)

By: J. V. ...  
(Signature)

Title Exec. Vice-Pres.

Send Communications regarding well to:

Name Carper Drilling Company, Inc.

Address Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_