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OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

P.O. Box 1516, Midland, Texas April 3, 1963 WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Mac Jones State, Well No. 1, in SE, 1/4, NE, 1/4, (Company or Operator) Unit Lette Lea County. Date Spudded 2/10/63 Date Drilling Completed 3/30/63 Elevation 3911KB (3899 GL) Total Depth 9198 PBTD 9150 Please indicate location: Top Oil/Gas Pay 9044 Abo Name of Prod. Form. D B PRODUCING INTERVAL -Perforations 9044-9056, 4/ft Depth Depth _____ Casing Shoe 9189 Tubing 9100 OIL WELL TEST -K L 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 P load oil used): 197 bbls, oil, ____ bbls water in _5 hrs, 30 min. Size 30/64" GAS WELL TEST -Natural Prod. Test: MCF/Day; Hours flowed Choke Size (FOOTAGE) Tubing Casing and Comenting Record Method of Testing (pitot, back pressure, etc.): SAX Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: 13 3/8 321 325 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 8 5/8 3502 600 sand): 500 MCA, 2000 NE Acid (Halliburton) Tubina Date first new Press. Press. 500 oil run to tanks April 3. 1963 5 1/2 9189 775 Oil Transporter Texas-New Mexico Pipeline 2 "tbg 9100 Gas Transporter Hookup pending I hereby certify that the information given above is true and complete to the best of my knowledge. (Company or Operator) OIL-CONSERVATION COMMISSION Send Communications regarding well to: Name Mac Jones