

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

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 QUADRUPPLICATE to the same District Office to which Form C-104 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.

Odessa, Texas 7-27-62  
(Place) (Date)

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

L. R. French, Jr. Perry Federal, Well No. 1, in NE 1/4 SW 1/4,  
(Company or Operator) (Lease)

K, Sec. 22, T. 20S, R. 34E, NMPM, North Lynch Pool  
Unit Letter

Lea County. Date Spudded 6-27-62 Date Drilling Completed 7-13-62  
Elevation 3654 Total Depth 3832 PBTD 3765.5  
Please indicate location:

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

Top Oil/Gas Pay 3581 Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3581 to 3765  
Open Hole Depth Casing Shoe 3789 Depth Tubing 3762

OIL WELL TEST -

Natural Prod. Test: 47 bbls. oil, 12 bbls water in 24 hrs, 0 min. Size 2" Choke

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

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): Treated w/2000gal. mud acid. Frac w/28500gal oil & 57,000# Sand  
Casing Tubing Date first new  
Press. 20# Press. Pump oil run to tanks 7-26-62

Oil Transporter Permian Corp.

Gas Transporter None

Remarks:

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

Approved, 19 L. R. French, Jr.

(Company or Operator)

By: L. N. Dunnivant (Signature)

Title: Production Superintendent  
Send Communications regarding well to:

Name: L. R. French, Jr.

Address: Box 591, Odessa, Texas

OIL CONSERVATION COMMISSION

By:

Title: