NEW \* 'EXICO OIL CONSERVATION COMMIS' ION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (XXXXX ALLOWABLE

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

|                       |          |           |                                       |  | 0                         | dessa, Texas<br>(Place)                 | 3                           | Decembe        | (Date)                       |
|-----------------------|----------|-----------|---------------------------------------|--|---------------------------|---|-----------------------------|----------------|------------------------------|
| EARE                  | HEREI    | BY RE     | EQUESTI                               | NG AN ALLOW  | ABLE FOR A                | WELL KNOWN                              | AS:                         |                |                              |
|                       |          |           |                                       |  |                           | , Well No2X                             | , in                        | NW 1           | 4 <b>SE</b> <sup>1</sup> /4, |
| (Company or Operator) |          |           |                                       |  | (Lease)<br>13 <b>37-E</b> |   | Fin                         | ice            | Pool                         |
| Unit L                | pter     | ,         |                                       |  |                           |   |                             |                |                              |
| Lea                   |          |           | · · · · · · · · · · · · · · · · · · · | County. Date   | Spudded 7-                | 1-58 Dat                                | be Drilling Co              | mpleted        | 7-10-58                      |
| Plea                  | se indi  | cate lo   | cation:                               | -  | -                         | Total Depth                             |                             |                |                              |
| D                     | C        | В         | A                                     | Top Oil/Gas Pay  | y <u>3685 '</u>           | Name of Fro                             | d. Form                     | Graybu         | rg                           |
| -                     | Ŭ        | 2         |                                       | PRODUCING INTE   |                           |   |                             |                |                              |
| <u> </u>              | <u> </u> |           |                                       | Perforations   | 3685-871                  | <u>, 3692-97',</u>                      | 3717-23                     | <u>', 3758</u> | -72',3762-                   |
| E I                   | F        | G         | H                                     | Open Hole  |                           | Depth<br>Casing Shoe                    | 3843'                       | Tubing         | 3760 '                       |
|                       |          |           |                                       | OIL WELL TEST .  | -                         |   |                             |                |                              |
| L                     | K        | ۰J        | I                                     | Natural Prod.  | Test: b                   | bls.oil.                                | bbls water in               | hrs,           | Choke<br>min. Size           |
|                       |          |           |                                       |  |                           | eatment (after reco                     |                             |                |                              |
| M                     | N        | 0         | P                                     |  |                           | oil, <u>25</u> it is                    |                             |                | Chaira                       |
|                       |          |           |                                       |  |                           | 011, <u> </u>                           | Water In                    | <b>_</b>       |                              |
|                       |          |           |                                       | GAS WELL TEST  |                           |   |                             |                |                              |
|                       |          |           |                                       | . Natural Prod. '  | Test:                     | MCF/Day; Ho                             | urs flowed                  | Choke          | Size                         |
| ning "Ca              | sing an  | d Cemer   | nting Recor                           | <b>d</b> Method of Test  | ing (pitot, back          | pressure, etc.):                        |                             |                |                              |
| Size                  | F        | Feet Sax  |                                       | Test After Acid or Fracture Treatment:MCF/Day; Hours flowed  |                           |   |                             |                |                              |
| -7/8"                 | 2        | 20        | 150                                   | Choke Size   | Method of                 | Testing:                                |                             |                |                              |
|                       |          |           | 150                                   | 1  |                           |   |                             |                | watar oil and                |
| ·1/2"                 | 38       | 43        |                                       | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and<br>sand): 10,000 gal. NE (5%) acid. 5,000# sand<br>Casing Tubing Date first new<br>Pressoil run to tanks November 28, 1958 |                           |   |                             |                |                              |
| 2/91                  | 27       | 40        |                                       | sand): 10,0  | UU gal. NI<br>Tubing      | Date first new                          | <u>5.000#</u>               | sand           | 3059                         |
| 3/8"                  | 31       | 60        |                                       |  |                           |   |                             |                |                              |
|                       |          |           |                                       | 1  |                           | ew Mexico Pi                            | -                           | -              | •                            |
|                       |          |           |                                       | Gas Transporte:  | r_Phillips                | Petroleum                               | Company                     |                |                              |
| narks:                |          |           |                                       | ····   |                           | ••••••                                  |                             | ·····          |                              |
|                       |          |           |                                       | • · •••  | ••••••                    |   |                             | ••••••         |                              |
|                       |          |           |                                       |  |                           | • |                             | •••••          |                              |
| I here                | by cert  | tify that | at the info                           | rmation given al   | bove is true and          | i complete to the b                     | est of my <mark>kn</mark> o | wledge.        |                              |
| nroved                | ,        | 1         |                                       |  |                           | VEM 01                                  | 1 Compar                    | 1 <b>y</b>     |                              |
| novea                 |          |           |                                       |  |                           |   |                             |                |                              |
| 0                     | IL CO    | NSER      | VATION                                | COMMISSION   | т В                       | <b>y:</b>                               |                             | <u></u>        |                              |
|                       |          |           | 1.18                                  | 1 1  |                           | ·<br>•                                  | (Signatur                   | <b>t</b> :     |                              |
| . <u>-</u> []         | 1        | //        | (1:11)                                | <u> </u>   | T                         | itleCo-Ow                               | me <b>r</b>                 |                |                              |
| •                     |          |           | 1                                     |  |                           |   | munications 1               |                |                              |
| ie                    |          | ·····7    | <i>,</i>                              |  |                           | VEM C                                   | il Compa                    | any            |                              |
|                       |          |           |                                       |  |                           | Box 3                                   | 781. 044                    | assa. T        | OXAS                         |
|                       |          |           |                                       |  | ,A                        | doress. Box 3                           | 781, Ode                    | essa, T        | 0X25                         |