NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Form C-104) Revised 2/1/57 New Wett 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.

Send Communications regarding well to:						Hobbs,Ne	w.Mexico	1.=2.=58 (Date)
Late Sec. 31 T. 21S R. 37E NMPM. Undesignated Pool Lea County Date Spudded 11=6=57 Date Drilling Completed 12=23=57 Please indicate location: TO Dil/Gas Pay 3_4ABDDM Tetal Depth 3_748 PHD - D C B A To Dil/Gas Pay 3_711 Name of brud. Porm. Grayburg Processing Since To Dil/Gas Pay 3_710 Depth Grayburg - D C B A Perforations Depth Grayburg - D C H Perforations Depth Depth - - - L K J To - <td>WE ARE</td> <td>E HERE</td> <td>BY RI</td> <td>equesti</td> <td>NG AN ALLOWABLE FO</td> <td>R A WELL KN</td> <td>OWN AS:</td> <td></td>	WE ARE	E HERE	BY RI	equesti	NG AN ALLOWABLE FO	R A WELL KN	OWN AS:	
Lea County. Date Spudded11-6-57. Date Drilling Completed 12-23-57 Please indicate location: D C B A Please indicate location: Top Ol/Gas Pay_3,711 Name of brod. Form. Grayburg P P G H Top Ol/Gas Pay_3,711 Name of brod. Form. Grayburg P P G H Top Ol/Gas Pay_3,711 Depth. Grayburg Depth. County. Date Spudded		•	•					
Please indicate location: 3,4480DEM Total Depth 3,748 PHD D C B A Top OI//Gas Pay_3,711 Name of Prod. Form. Grayburg Provide State F G H Perforations Depth Depth Depth E F G H Perforations Depth Depth Depth I K J I Name of Prod. Form. Bepth Depth Depth I K J I Name of Prod. Form. Depth Depth Depth I K J I Name of Prod. Form. Depth Depth Depth I K J I Name of Prod. Form. Depth Depth Depth I K J I Name of Prod. Form. Depth Depth </td <td>Unit</td> <td>Letter</td> <td>., Sec.</td> <td></td> <td>, T21S, R<u>3.7E</u></td> <td></td> <td></td> <td></td>	Unit	Letter	., Sec.		, T 21 S, R <u>3.7E</u>			
Image: construction of the second	Le	e a			County. Date Spudded			
B C B A E F G H Dent Hole 3,710-48* Casing Soce 3,710 L K J I One Hole 3,710-48* Casing Soce 3,710 L K J I Natural NoDectaten bis.oil,	Pl	ease indi	icate lo	cation:				
E F G H L K J T O O O O N O Perforations	D	С	В	A	•	Name c	of Prod. Form Gray	burg
E F G H Open Hole 3,710-48* Depth Depth Depth Depth Depth J Depth J Depth Depth Depth Depth Depth J Depth Depth <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
L K J I Choke Natural Hongestaken_bbls.oil,bbls water inhrs,min. Size_	E	F	G.	H		Denth	De g Shoe_ 3,710 Tu	pth ting_ 3,720
0 Natural AGD 9e \$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	+				OIL WELL TEST -			
M N O P load oil used): _51_bbls,oil, _0_bbls water in 24_hrs,min. Size 3/4" GAS WELL TEST - Matural Frod. Tests MCF/Day; Hours flowed		ĸ	J		Natural Noneestaken	bbls.oil,	bbls water in	Choke _hrs,min. Size
GAS WELL TEST - Natural Prod. Test: NCF/Day; Hours flowed	м	N	0	P				Choke
Tubing , Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):								,
Tubing , Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):						MCF/Da	av: Hours flowed	Choke Size
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10-3/4 280 175 7" 3,710 150 Choke Size	•			-				
10-3/4 280 175 7" 3,710 150 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 9,000 cral_ acid plus 500 gals gol in 3 stages Casing Tubing Date first new Press. Packer Press. 1700# oil run to tanks_awaiting_connection 12/31/ Oil Transporter Shell Pipeline Company Gas Transporter Not_connected as yet Remarks: 37/10 I hereby certify that the information given above is true and complete to the best of my knowledge. Approved 19								
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sand): 9,0000 gals	_	, -			Acid or Fracture Treatment	(Give amounts of	materials used, such as	acid, water, oil, and
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011 TransporterShell_Pipeline_Company Gas TransporterNot_connected as yet Remarks: I hereby certify that the information given above is true and complete to the best of my knowledge. Approved					Casing Tubing Press. Packer Press. 1	Date first 700# oil run to	new tanks awaiting c	onnection 12/31/2
Remarks: 3 I hereby certify that the information given above is true and complete to the best of my knowledge. Approved ,19 OIL CONSERVATION COMMISSION By: By: John Adams (Signature) TitleAgent Send Communications regarding well to: NameTres. Oil. Company								
I hereby certify that the information given above is true and complete to the best of my knowledge. Approved	ļ				Gas Transporter Not	connected	as yet	
I hereby certify that the information given above is true and complete to the best of my knowledge. Approved	Remarks	:	•••••				37.10	
I hereby certify that the information given above is true and complete to the best of my knowledge. Approved	••••••••••••••		•••••		The probability of the	ad elle	1 Fills	••••••
OIL CONSERVATION COMMISSION By: John Adams (Signature) TitleAgent Send Communications regarding well to: NameTres Oil Company	I he					and complete to	the best of my knowledg	e.
By:	Approved	i		, , , , , , , , , , , , , , , , , , ,	, 19	Tres.	Oil Company (Company or Operato	r)
Name	(oil, co	NSER	VATION	COMMISSION	By:	San U. J. Ann_ (Signature)	John Adams
Name	By:			2-1-1	C. h.d.	Title Agent Send	Communications regard	ing well to:
	Title	~/	e ense	` э				
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