NEW LEXICO OIL CONSERVATION COMM. SION Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

| 18 - E | | مدينية . مدينية من | Hobbs, New Mexico Feb. 23, 195 |
|----------------------------|--------------------|-----------------------|--|
| ADD TT | | FOURSTIN | |
| | | - | G AN ALLOWABLE FOR A WELL KNOWN AS: |
| (Company or Operator) | | | Amerada State , Well No. 1 , in NW 1/4 NE |
| B | , Sec | 1 , | T. 228, R. 35E, NMPM, South DESIGNATED P. |
| (Unit) |) | | |
| | | | County. Date Spudded. Jan. 6, 1956 , Date Completed Jan. 18, 1956 |
| Please | e indicate | location: | |
| | 0 | | Elevation. 3, 596' D.F. Total Depth. 3, 858', P.B. |
| | | | |
| | | | Top oil/gas pay |
| | | | Casing Perforations: 3768-3794; 3802-3822; 3826-3844 |
| | | | Death to Caring that of Band String 3 0501 |
| | | 1 | Depth to Casing shoe of Prod. String |
| | | | Natural Prod. TestBOB |
| | | | based on |
| l | |] | |
| | | •••••• | Test after acid or shot |
| Casing a Size | and Cement Feet | ing Record Sax | Based on |
| | | | |
| 3-5/8 | 309 | 270 | Gas Well Potential |
| 5 1 1 | 3849 | 200 | Size choke in inches |
| 12 | 3027 | £00 | |
| | | | Date first oil run to tanks or gas to Transmission system: Feb. 8, 1988 |
| | | | Transporter taking Oil or Gas: Texas New Mexico Pipe Line Co. |
| | |] | |
| | | | |
| narks: | | | |
| narks : | | | With be Spiller |
| | | | with be Spith + |
| I hereby | y certify th | at the inform | hation given above is true and complete to the best of my knowledge. |
| I hereby | y certify th | | hation given above is true and complete to the best of my knowledge. |
| I hereby proved | y certify th | at the inform | hation given above is true and complete to the best of my knowledge. |
| I hereby pro ved | y certify th | at the inform | hation given above is true and complete to the best of my knowledge. |
| I hereby pro ved | y certify th | at the inform | Antion given above is true and complete to the best of my knowledge. |
| I hereby ro ved | y certify th | at the inform | Mattion given above is true and complete to the best of my knowledge. 19 OMMISSION By: (Signature) |

Address..... Mercantile Bank Bldg., Dallas, Texas.