

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

Albuquerque, New Mexico
(Place)

12-6-59
(Date)

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

Western Drilling Co., Inc. Corrales State, Well No. 1, in N. 1/4, S. 1/4,
(Company or Operator) (Lease)

T. 22 N., R. 35 E., NMPM, Wildcat Pool
Unit Letter

10a

County. Date Spudded 10-15-59 Date Drilling Completed 10-27-59
Elevation 3111 FT Total Depth 1110 FBTD 305L

Please indicate location:

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

Top Oil/Gas Pay 3020 Name of Prod. Form Yates

PRODUCING INTERVAL -

3021-30

Perforations
Open Hole Depth Casing Shoe Depth Tubing 3945

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 36 bbls. oil, 12 bbls water in 24 hrs, min. Size Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	SAX
6 5/8	210	200
4 1/2	1110	150

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): 20,000 sand, 15,000 gallons oil

Casing Tubing Date first new 12-1-59
Press. Press. oil run to tanks

Oil Transporter Not connected M. C. Hood

Gas Transporter

Remarks:

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

Approved: 19 Western Drilling Co., Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Ben Conneran
(Signature)

Title: Geologist

Send Communications regarding well to:

Name: Ben Conneran, 7111 Central St.,

Albuquerque, New Mexico

Address:

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Western Drilling Company, Inc. Lease Donagan-State (Humble)

Well No. 1 Unit Letter D S 3 T 228 R 35E Pool Undesignated

County Lea Kind of Lease (State, Fed. or Patented) State E-277

If well produces oil or condensate, give location of tanks: Unit D S 3 T 228 R 35E

Authorized Transporter of Oil or Condensate Mohr Oil Corporation

Address Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____ Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Gas being flared, no connection available.

Reasons for Filing: (Please check proper box) New Well (x)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 23rd day of December 19 59

By G. G. Swartz

Title Geologist

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

Company Western Drilling, Inc.

11/11/11 1-03 Broadway
Address Lubbock, Texas

By [Signature]

Title _____