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 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 delive ered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit. Hobbs, New Mexico 12-5-62 WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: TEXACO Inc. M. B. Weir "B" , Well No. 8 , in SE 1/4 SW 1/4, N , Sec. 12 , T. 20-S , R. 37-E , NMPM., Skaggs (Glorieta) Pool Date Drilling Completed 11-27-62 Lea County. Date Spudded 11-1-62 Elevation 3581 (D.F.) Total Depth 6880 PBTD Please indicate location: Top Oil/Gas Pay 5312! Name of Prod. Form. Glorieta A PRODUCING INTERVAL -See Remarks Perforations____ Depth H Tubing Tubingless E F Casing Shoe__ 68881 OIL WELL TEST - . Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size I Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 96 bbls,oil, 44 bbls water in 24 hrs, 0 min. Size Test M GAS WELL TEST χ Natural Prod. Test: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.): Tubing Casing and Cementing Record Test After Acid or Fracture Treatment: MCF/Day; Hours flowed SAX Feet Size Method of Testing:__ 600 7-5/81 1426 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 6879 700 2-7/8' See Remarks oil run to tanks 11-30-62 Date first new Casing Oil Transporter Texaco Inc. (Trucks) Gas Transporter TSTM Remarks: Perforate 2-7/8" 0.D. Casing with left shot per foot at 5312', 5314', 5316', Acidize with 1000 gals, ISTNEA. I hereby certify that the information given above is true and complete to the best of my knowledge. Approved....., 19...... (Company/or Operator) OH CONSERVATION COMMISSION (Signature) Title Asst. Dist. Supt. Send Communications regarding well to: Name J. G. Blevins, Jr. Address P.O. Box 728, Hobbs, N.M.