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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexic

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

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

. 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. Midland November 23, 1964 (Date) (Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Lunt , Well No. 1 , in NE 1/4 SE 1/4 Robert A. Dean (Lease) (Company or Operator) ............. Unit Lotter Lea County. Date Spudded 10-24-64 Date Drilling Completed 11-5-64 \_\_\_\_\_\_Total Depth\_\_\_**3840** PBTD\_\_\_\_\_ 3542 Elevation Please indicate location: C B D A PRODUCING INTERVAL -3706 - 3802 Perforations Depth Depth \_Casing Shoe 3839 F G H 3691 Ε Tubing Open Hole OIL WELL TEST -Choke K J I L Natural Prod. Test:\_\_\_\_\_bbls.oil, \_\_\_\_bbls water in \_\_\_\_hrs, \_\_\_\_min. Size\_ XXXXX Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 45 bbls.oil, 15 bbls water in 24 hrs, min. Size 16/64 Ρ Ō M N GAS WELL TEST -Natural Prod. Test:\_\_\_\_\_\_MCF/Day; Hours flowed \_\_\_\_\_Choke Size\_\_\_\_ (FOOTAGE) Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment:\_\_\_\_\_MCF/Day; Hours flowed\_\_\_\_\_ Sax Size Feet Method cf Testing:\_\_\_ Choke Size 75 292 8-5/8 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 15,000 gals. 15,000# Sand 250 4.5 3838 Date first new Tubing Casing oil run to tanks November 20, 1964 Press. 150 0 Press. 3691 2 - 3/8McWood Corporation Oil Transporter\_\_ Gas Transporter\_ ------Remarks: ..... I hereby certify 'nat the information given above is true and complete to the best of my knowledge. Robert A. Dean (Company or Operator) ert G. Dean **OIL CONSERVATION COMMISSION** (Signature) Title\_\_\_\_Operator X Clarid Send Communications regarding well to: By:

Title

Address. 823 Midland Tower, Midland, Texas

Name\_\_\_Robert A. Dean\_\_\_\_\_