ILLEGIBLE

NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104) Santa Fe, New Mex

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| FILE | | | | | |
| U.S.S.S. | | | | | |
| LAND OFFICE | | | | | |
| TRANSPORTER | 011 643 | | | | |
| PRORATION OFFIC | C & | | | | |
| OPERATOR | | | | | |

REQUEST FOR (OIL) - (CERSE ALLOWARLE)

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.

| | | | | ۴ | (Place) (Date) |
|----------|-----------|----------------|--------------|---|--|
| : ARI | E HERE | BY RE | QUESTI | NG AN ALLOWABL | LE FOR A WELL KNOWN AS: |
| | | | | Bibark | , Well No |
| ~ (| (Company | or Ope | rator) 99 | | (Lease) 37-E NMPM., Drinkard Po |
| | Letter | , Sec | 66 | ., T, R | Recompleted |
| . | Ţ | Ca | | County Date Spuc | dded |
| | lease ind | | | Elevation 3125 | |
| P | lease ind | ICALC IO | | | 517 Name of Prod. Form. Details rd |
| D | C | B | | PRODUCING INTERVAL | |
| | | | | | |
| _ | T | G | H | Perforations | 217, 6557, 6578 & 6615' |
| | F | • ^u | | Open Hole | Casing Shoe 7519 Tubing 6674 |
| | | | | OIL WELL TEST - | |
| 6 | K | J | I | | Choi bbls.oil,bbls water inhrs,min. Size |
| | | | | | |
| | | | P | | Fracture Treatment (after recovery of volume of oil equal to volume Choke |
| | N | 0 | | <pre>load oil used):</pre> | 5 bbls.oil, _3bbls water in 2 hrs,min. Size 2 |
| | | | | GAS WELL TEST - | W 17.0 MCF, GOR 3400, Corrected Ovty 38.1 |
| 1 71 | IT. 231 | O PEL | | | MCF/Day; Hours flowedChoke Size |
| | (FOOTA | GE) | | | |
| | | | nting Recor | | (pitot, back pressure, etc.): |
| Size | | feet | Sax | Test After Acid or | Fracture Treatment:MCF/Day; Hours flowed |
|) | /8= 3 | 115 | 360 | Choke Size | Method cf Testing: |
| <u> </u> | | | | | the state of materials used, such as acid, water, oil, an |
| 8-5/ | /8¤ 27 | 99 | 1651 | Acid or Fracture Ir sand): 2000 ml | eatment (Give amounts of materials used, such as acid, water, oil, ar 155 HRA, 20,000 ctl col los cl VID Alo H-11 F |
| <u> </u> | | | | Casing Tu | ubing Date first new |
| 5-1/ | /2* 79 | 519 | 290 | PressPr | ubing Date first new September 10, 1963 |
| | | | | Gil Transporter G | hilf Refining Company |
| 2-3/ | /8* 66 | 574 | | Gas Transporter | arren Petroleum Corperation |
| | | | | | |
| mark | s:s | | | and recomplete | |
| | | | | | |
| | | ••••• | | ••••••• | |
| Ιh | ereby ce | rtify th | at the info | ormation given above | is true and complete to the best of my knowledge. Gulf Oll Corporation |
| prove | ed | | | , 19 | 9 |
| - | | | | | 1. 4 Le la |
| | OIL C | ONSER | VATION | COMMISSION | By: (Signature) |
| | 11 | 11 | | | Title Area Preduction Manager |
| , | | | _ | | Title ALOW FIGHTURICAL PRESENT |
| 4 | A | 6 | | ••••••••••••••••••••••••••••••••••••••• | Sand Communications regarding well to: |
| Æ | A | | •••••• | | Sand Communications regarding well to: |
| (| <u></u> | 4 | | | Send Communications regarding well to: Oulf Oil Corporation Name |