(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 delivered into the stock tanks. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			Hobbs, New Mexico Sept. 23, 1957 (Place) (Date)
WE ARE I	HEREBY I	REOUESTI	(Place) (Date) NG AN ALLOWABLE FOR A WELL KNOWN AS:
		-	tate McDonald a/c 1 *B* , Well No. 2 , in NW 1/4 NE 1/4
(Co	mpany or O	perator)	(Lease)
Um Le	Se	c 35	T 22 S , R 36 E , NMPM., South Eunice Pool
Le) &		County. Date Spudded, 9-4-57 Date Drilling Completed 9-13-57
	se indicate		Elevation 3795 Total Depth 3810 PBTD 3805
р	C B	TA	Top Oil/Gas Pay 3686! Name of Prod. Form. Queen
	` x	^	PRODUCING INTERVAL -
			Perforations 3686-3712' and 3726-68'
E	IP G	H	Open Hole Casing Shoe 38091 Depth Tubing 37691
			OIL WELL TEST -
L	K J	I	Choke Natural Prod. Test:bbls.cil,bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	load oil used): 52.91 bbls.oil, 0 bbls water in 6 hrs, 0 min. Size 16/6h
			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
tubing Cas	ing and Cer	enting Recor	
Size	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
			Choke Size Method of Testing:
9-5/8	391	250-3%	
5-1/2	3809	700-3%	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 500 gal. mud acid & 10,000 gals., 1#/gal. sand oil
2-3/8	3769	tbg.	Casing Tubing Date first new Press. 250 oil run to tanks 9-20-57
			Gil Transporter Texas-New Mexice Pipe Line Co.
			Gas Transporter
Remarks:	Requ	est top a	llowable of 37 BOPD effective 9-20-57.
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	•		ermation given above is true and complete to the best of my knowledge.
Approved			, 19 The Ohio Oil Company (Company or Operator)
OI	I CONSE	PVATION	COMMISSION By: DL Grance
OIL CONSERVATION			(Signature)
By:		ST-	Title Superintendent
Tiala	. <i>i</i>	7	Send Communications regarding well to:
Title	••••••		Name The Ohie Oil Company
			Address P. O. Ben 2107, Hobbs, New Mexico