

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.

July 13, 1959 Hobbs, New Mexico
(Place) (Date)

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

Guy R. Zachry Downes, Well No. 2, in NE 1/4 NW 1/4,
(Company or Operator) (Lease)

C, Sec. 5, T. 22-S, R. 37-E, NMPM., Drinkard Pool
Unit Letter

Lea County. Date Spudded 1-26-51 Date Drilling Completed 3-5-51

Please indicate location:

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

Elevation 3457' DF Total Depth 6612 PBTD not PB

Top Oil/Gas Pay 6485 Name of Prod. Form. Clearfork

PRODUCING INTERVAL -

Perforations
Open Hole 6485-6612 Depth Casing Shoe 6485 Depth Tubing 6575

OIL WELL TEST -

Natural Prod. Test: 21 bbls. oil, none bbls water in 24 hrs, no min. Size 3/4 Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): none bbls. oil, bbls water in hrs, min. Size Choke

GAS WELL TEST -

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

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): None

Casing Tubing Date first new Press. Press. oil run to tanks 7/8/59

Oil Transporter Shell Pipe Line Corp.

Gas Transporter Skelly Oil Company

Remarks: Recompleted in Drinkard Pool on July 8, 1959. Paddock permanently abandoned. A.C. 40.19

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

Approved, 19

Guy R. Zachry
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Guy R. Zachry
(Signature)

By: [Signature]

Title: Operator

Title

Send Communications regarding well to:

Name: Guy R. Zachry

Address: Box 1685, Hobbs, New Mexico