

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Re-completion~~

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 QUADRUPPLICATE 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.

Roswell, New Mexico 5-13-58
(Place) (Date)

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

E.P. Campbell R.E. Cole, Well No. 1, in NW 1/4 SE 1/4,
(Company or Operator) (Lease)
J, Sec. 16, T. 22, R. 37, NMPM, *Trinidad* Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded ----- Date Drilling Completed -----
Elevation 3400 G.I. Total Depth 3705 PBTD 3699
Top Oil/Gas Pay 3636 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations Pkr. • 3600 3637-3688
Open Hole None Depth Casing Shoe 3704 Depth Tubing 3680

OIL WELL TEST -

Natural Prod. Test: 0 bbls. oil, 0 bbls water in 8 hrs, 0 min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 38 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 16/64

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): 500 acid 20,000 oil & 20,000 sand

Casing 450 Tubing 75 Date first new oil run to tanks 5-12-58
Press. Press.

Oil Transporter Shell Pipeline

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sack
8-5/8	320	200
4-1/2	3704	350
2-3/8	3680	

Remarks: Circulated 15 sacks behind surface casing.

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

Approved: _____, 19____

E.P. Campbell

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *E. Fischer*

Title _____

By: *Ray Adams*

(Signature)

Title Geologist

Send Communications regarding well to:

Name E.P. Campbell

Address 902 Lubbock Nat'l Bank Bldg
Lubbock, Texas.