

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 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.

Eunice, New Mexico

10-23-57

(Place)

(Date)

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

Neville G. Penrose, Inc. State "C", Well No. 1, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)

F, Sec. 17, T. 22S, R. 37E, NMPM., Eumont Pool
Unit Letter

Lea

County. Date Spudded 9-15-57

Date Drilling Completed 10-10-57

Please indicate location:

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

Elevation 3405 DF Total Depth 3535 FBTD

Top Oil/Gas Pay 3436 Name of Prod. Form. Queen Sand

PRODUCING INTERVAL -

Perforations -

Open Hole 3542 Depth Casing Shoe 3430 Depth Tubing 3534

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 54.1 bbls. oil, trace bbls water in 24 hrs, _____ min. Size 14/64 Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>315</u>	<u>210</u>
<u>5 1/2"</u>	<u>3435</u>	<u>125</u>

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 gal. mud acid, 8000 gal. controlfrac, 8000# sand

Casing Tubing Date first new 10-11-57
Press. 2200 Press. 1550 oil run to tanks

Oil Transporter Shell Pipe Line Co.

Gas Transporter _____

Remarks:

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

Approved _____, 19____

Neville G. Penrose, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Glenn G. Neill
(Signature)

By: _____ Title Agent

Send Communications regarding well to:

Title _____ Name Neville G. Penrose, Inc.

Address Box 988, Eunice, New Mexico