

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.

Hobbs, New Mexico 2/26/60

(Place)

(Date)

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

TOM BROWN DRILLING COMPANY La Mmyon Federal, Well No. 1, in SW 1/4 NW 1/4,

(Company or Operator)

(Lease)

E 28, T 23S, R 37E, NMPM., Langlie-Mattix Pool

Unit Letter

Lea

County Date Spudded 1/23/60

Date Drilling Completed 2/23/60

Please indicate location:

Elevation 3307.3' Total Depth 3652' PBD -

Top Oil/Gas Pay 3564' Name of Prod. Form. Penrose

PRODUCING INTERVAL -

Perforations @ 3568' (1 ft)

Open Hole Depth Casing Shoe Depth Tubing 3540'

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): 52 bbls. oil, 0 bbls water in 24 hrs, min. Size 1"

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): 10,000 gal ref oil 2/SPG

Casing 240# Tubing 80# Date first new oil run to tanks 2/23/60

Oil Transporter Permian Oil Company (Trucks)

Gas Transporter None

Tubing, Casing and Cementing Record

Size Feet Sax

8-5/8"	308'	150 SX
5-1/2"	3652'	200 SX
2" @	3540'	

Remarks: New Well

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

Approved, 19

TOM BROWN DRILLING COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

By: (Signature)

Title Agent

Send Communications regarding well to:

Title

Name c/o Oil Reports Box 763 Hobbs, N.M.

Address