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NEW MEAROUGH CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-10) Pavised 7/1/97

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

HOBBS OFFICE OR COMPLETE

This form so 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 With Eldin 2701 Was lent. 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. Can must be reported on 15.025 psia at 60° Fahrenheit. TEXACO TICE.

P. O. Box 728 - Hobbs, New Mexico June 27, 1961 WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: TEXACO Inc. Cotton Draw Unit , Well No. 50 , in SE 1/4 N/4, Paduca Blawne (Company or Operator) (Lease) F Sec. 28 T. 25-S R 32-E NMPM. Lea County. Date Spudded May 30, 1961 Date Drilling Completed June 7, 1961 _____Total Depth: 1:770 PBTD 3392 Elevation Please indicate location: 1610 · Name of Prod. Form. Delaware Sand Top Oil/Gas Pay_ D C В A PRODUCING INTERVAL -1610 to 1616 Perforations E G. H Depth 4770 4610 Mone Open Hole Casing Shoe Tubing Χ OIL WELL TEST -L K Choke Natural Prod. Test: _____bbls.oil, _____bbls water in ____hrs, ____min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of P 0 load oil used): 40 bbls.oil, 8 bbls water in 24 hrs, 0 min. Size GAS WELL TEST -Natural Prod. Test:___ __MCF/Day; Hours flowed _____Choke Size Tubing Casing and Cementing Record Method of Testing (pitot, back pressure, etc.): Size MCF/Day; Hours flowed Test After Acid or Fracture Treatment: Choke Size Method of Testing: 7 5/8 250 337 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 150 1 1/2 £760 See Remarks sand): Date first new 1:602 2_3/8 Swab Press. Swab June 25, 1961 oil run to tanks Oil Transporter Texas-New Mexico Pipe Line Company Gas Transporter_ None Perforate 4 1/2" OD casing from 4610! to 4616! with 2 jet shots per ft. Acidize perfs with 500 gals LST NEA. I hereby certify that the information given above is true and complete to the best of my knowledge. Approved....., 19......, (Company or Operator) OIL GONSERVATION COMMISSION By:..... (Signature) The Assistant District Superintendent Send Communications regarding well to: Title Name J. G. Blevins, Jr. Address P. O. Box 728-Hobbs, New Mexico