

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 May 20, 1959
(Place) (Date)

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

Morris R. Antweil Brown, Well No. 1, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)

F 25, T 258, R 3, E NMPM, Jalmat Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 12/26/58 Date Drilling Completed 1/23/59
Elevation 3085 Total Depth 3406 PBTD 3205

Top Oil/Gas Pay 3154 Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3154 3190
Open Hole Depth 3406 Depth Casing Shoe 3200

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): 14 bbls. oil, 8 bbls water in 24 hrs, min. Size Choke pump

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): Acidized with 2000 gallons

Casing Tubing Date first new
Press. Press. oil run to tanks 3/27/59

Oil Transporter Forman Oil Company

Gas Transporter

Remarks: Well was tested on pump for a 30 day period prior to completion date.
Request allowable to be effective as of May 20, 1959

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

Approved 19.

MORRIS R. ANTWEIL
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

By: [Signature]
(Signature)

Title Agent

Send Communications regarding well to:

Name Morris R. Antweil

Address P.O. Box 1058, Hobbs, N. Mex.

Title