NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

# 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 QUADRUPLICATE 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 (Place) January, 1962 (Date)

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

Elwyn C. Hale (Company or Operator), Hale State (Lease), Well No. 2, in SW ¼ Ne ¼,

G (Unit Letter), Sec. 2, T. 25-S, R. 37-E, NMPM., ~~Undesignated~~ Justis Fusselman Pool

Lea County. Date Spudded December 5, 1961 Date Drilling Completed January 12, 1962

Elevation 3157.3' Total Depth 7369 PBTD 7320

Top Oil/Gas Pay 7182' Name of Prod. Form. Fusselman

PRODUCING INTERVAL -

Perforations (7182-7208) (7216-7226) (7242-7252)

Open Hole None Depth Casing Shoe 7359 Depth Tubing 7205

OIL WELL TEST -

Natural Prod. Test: 102 bbls.oil, 0 bbls water in 24 hrs, ___ min. Choke Size 12/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): ___ bbls.oil, ___ bbls water in ___ hrs, ___ min. Choke Size ___

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): None

Casing Press. ___ Tubing Press. ___ Date first new oil run to tanks January 23, 1962

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter None

Please indicate location:

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | [redacted] | H |
| L | K | J | I |
| M | N | O | P |

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---|---|---|
| 13 3/8 | 297.27 | 300 |
| 9 5/8 | 3392.88 | 2950 |
| 7 | 7359 | 475 |
| | | |

Remarks: Dual-UpperZone Devonian
Fusselman-Natural completion-No stimulation

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

Approved ___, 19___

OIL CONSERVATION COMMISSION

By: ___

Title ___

Elwyn C. Hale
(Company or Operator)

By: [signature]
(Signature)

Title Superintendent

Send Communications regarding well to:

Name Elwyn C. Hale

Address Box 667 Hobbs, New Mexico