

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.

Jal, New Mexico January 28, 1959
(Place) (Date)

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

Johnson & French Oil Co. Federal B, Well No. 2, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

H, Sec. 14, T. 25-S, R. 37-E, NMPM, Langlie-Mattix Pool

Unit Letter

Lea

County. Lea Date Spudded Nov 12, 1958 Date Drilling Completed Dec 19, 1958

Elevation 3107 Total Depth 3450 PBD 3412

Top Oil/Gas Pay 3115 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3200 3216

Open Hole 3448 Depth Casing Shoe 3448 Depth Tubing 3220

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, 0 bbls water in 24 hrs, 5/8" min. Size 5/8"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 7 bbls. oil, 0 bbls water in 24 hrs, 5/8" min. Size 5/8"

GAS WELL TEST -

Natural Prod. Test: 0 MCF/Day; Hours flowed 0 Choke Size 0

Method of Testing (pitot, back pressure, etc.): 0

Test After Acid or Fracture Treatment: 0 MCF/Day; Hours flowed 0

Choke Size 0 Method of Testing: 0

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 bbls. oil - 10,000 # sand

Casing 420 Tubing 400 Date first new oil run to tanks December 19, 1958

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter EL Paso Natural as Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	300	200
5 1/2	3448	300

Remarks:

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

Approved: _____, 19____

Johnson & French Oil Co.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: L. A. Johnson
(Signature)

By: _____

Title Partner
Send Communications regarding well to:

Title _____

Name _____

Address BOX 1248 Jal, New Mexico