

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

HOBBS OFFICE ~~Recompletion~~
Dual Completion

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.

Jal., New Mexico
(Place)

2-29-60
(Date)

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

Westates Petroleum Company
(Company or Operator)

Carlson B 26, Well No. 5, in NE 1/4 SE 1/4,

I
Unit Letter

Sec. 26, T. 25S, R. 37E, NMPM, Justice Blinbry Pool

Lea

County. Date Spudded 1-8-60 Date Drilling Completed 2-12-60

Please indicate location:

Elevation 3054 Total Depth 6250 FBTD 5940

Top Oil/Gas Pay 5035 Name of Prod. Form. Blinbry

PRODUCING INTERVAL -

Perforations 5054'-5060'; 5062'-5072'; 5080'-5088'; 5092'-5098'.

Open Hole None Depth Casing Shoe Depth Tubing 5217

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 380 bbls. oil, no bbls water in 24 hrs, - min. Size 20/64

GAS WELL TEST - GOR 450/1

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): 5000 gal. jal x-100 with W-24 added.

Casing Tubing Date first new Press. 900# Press. 300# oil run to tanks February 28, 1960

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks: No gas connection at present.

DC-915-3/21/60

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

Approved, 19.

Westates Petroleum Company
(Company or Operator)

By: B. Benton
(Signature)

Title: Division Superintendent
Send Communications regarding well to:

Name Westates Petroleum Company

Address Box 1381, Jal., New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title