REQUEST FOR (OIL) - ALLOWABLE

New Well

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.

| Babba | Wast Maxi as | February 14, 1962

•				Hebbs, New Mexico Febru (Place)	(Date)
VE AOE	urbe	DV DE	OUTESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
E AKE	doon t	Di KE	korn. T	SA Courtland Myers "B" , Well No. 16 , in No.	/4 NW 1/4
	^	~ -		(I.esse)	
I)	, Sec	.5	T 248 , R 378 , NMPM., Langlie Mattix	
UM	Unit Letter Lea			County. Date Spudded 1-19-62 Date Drilling Complete Slevation 3314 RDB Total Depth P	1-27-62
Di	lease inc	licate lo	ration ·	Elevation 3314 RDB Total Depth 980	3TD
			T	Top Oil/Gas Pay 35031 Name of Prod. Form. Queen	<u> </u>
D	C	В	A	PRODUCING INTERVAL -	
				Perforations 35031 - 36231	
E	F	G.	H	Open Hole Depth Casing Shoe 3680 Tub	14.71
				OIL WELL TEST -	
L	K	J	I	Natural Prod. Test: bbls.oil, bbls water in	Chok hrs, min. Size
				Test After Acid or Fracture Treatment (after recovery of volume of oi	
M	N	0	P	load oil used): 80 bbls.oil, bbls water in 24 hrs,	Choke 5/
				GAS WELL TEST -	
	' FN 8			Natural Prod. Test: MCF/Day; Hours flowed C	
	*		nting Reco		
2116		Feet	OAX.	Test After Acid or Fracture Treatment: MCF/Day; H	
8-5/	8 3	352	Circ.	Choke SizeMethod of Testing:	
				Acid or Fracture Treatment (Give amounts of materials used, such as a	cid, water, oil, and
5-1/	2 30	680	300	1000 gal acid S-O-F 20,000 gal oil w/l-1/2-	2-1/2# sn/gal
2"	3/	197		Casing 700 Tubing Press. 400 Date first new oil run to tanks	2
				Oil Transporter Texas-New Mexico Pipe Line Co.	
				Gas Transporter None	
 Remark	s:				,
				39.41. 21.131	
				ormation given above is true and complete to the best of my knowledge	: Serperation
pprov	ed	<u></u> -		, 19	
	OIL C	CONSE	RVATIO	N COMMISSION By: (Signature)	
_	-7			Title Area Superintenden	t
By:	<u> </u>		in the second second	Send Communications regard	ing well to:
Title				V. E. Staley	
	1			Name Box 68, Hebbs, New	Mexi.co
	•			Address	