## REQUEST FOR (ESE) - (GAS) ALLOWABLE

Management 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.

						Hobb	s. New Me	xico	January	26, 19	59
WE ADE	HEDE	RV D	FOUTEST	ING AN ALLO	MARIE E	(Plac	•			(Date)	)
Magnol	lie Pe	etrol	eum Com	pany Ji	oamilla "	UK A WEL	LL KNOWN	AS: 	CP	Mrs	
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H Unit 1	Letter	, Sec.	11	т 2611	, R3W	, NMP	M., Blanco	Mesaverd		**************	Pool
Rio A	rriba	•••••		County. Da	te Spudded	<b>6-23-</b> 56	Date	Drilling Co	mpleted	8-18-56	5
			ocation:	Elevation	70621		_Total Depth_	5965	PBTD	59251	
D	C	В		Top <b>Tabl</b> /Gas	Pay 5384		_Name of Prod	Form. Me	saverde		-
		-		PRODUCING IN			_				
E	F	G	н		5386		Denth		Depth		<del></del>
		_	-	Open Hole	•		_Casing Shoe_	59651	Tubing_	58891	<del></del>
L	K	J	Ī	OIL WELL TES	<u>I</u> -						
"		U		Natural Prod	• Test:	bbls.oil	,bi	ols water in	hrs,	min.	Choke Size
	-						: (after recove				
М	N	0	P	load oil use	d) :	bbls,oil,	bbls v	water in	hrs,	Chol min. Size	ke
				GAS WELL TES	<u> </u>						
			<del></del>	- Natural Prod	· Test:	•	_MCF/Day; Hour	s flowed	Choke	Size	•
			nting Recor	_			re, etc.):				
Size	F.	cet	Sax	Test After A	cid or Fractu	re Treatment	5,731	MCF/	Day; Hours	flowed 3	<u> </u>
10-3/4	* 3	18	200	Choke Size_3	/h= Metho	d of Testing	Back Pr	Pasure		<del>-</del>	
7-5/8	99	87	150	Acid or Fract	ure Treatment	t (G <del>ive</del> amour	nts of materia	ls used, suc	n as acid,	water, oil	, and
	Lf	ner		sand): 100	,000 Gal.	Water &	115,000 #	send	<del></del>		
5-1/2		38	100	Casing Press.	Tubing Press	Date oil m	first new run to tanks	-		·	
				Gil Transport	ter						
	Щ.						west Pipel				
Remarks:				r to lower		No change	e in Produ	cing Inte	erval		
•••••••	Wor	kovei	r <b>compl</b> e	ted 10-10-5	8.			******************		A STATE OF THE PARTY OF THE PAR	,
		•••••		***************************************				••••••	<i>§</i>		,
I here	by cert	ify tha	at the info	rmation given	above is true	e and compl	ete to the best	of my know	rledge. 💍		•,
Approved	• • • • • • • • • • • • • • • • • • • •	FEB 2	1959		, 19	Ma	agnolia Pe				
							(Ca	ompany or Op	eratory	0,000	
0	IL CO	NSER	VATION	COMMISSIO	N	Ву:		(Signature			
a. Ori	ginal	Sign	ed fime	CVCArmol		Tista Di	Lstrict Su	• •	•	latural	Gas Dent.
					<b>6</b>	i itie	Send Comm	unications re	garding w	ell to:	
Title	<b>Sup</b> e	rvisor	Dist. # 3	· · • • • • • • • • • • • • • • • • • •		N. Me	agnolia Pe	trolemm (	Ama en re		
						Address	P. O. Box Hobbs, Ne c/o Lee E	<ul> <li>Mexico</li> <li>Robinso</li> </ul>	n, Jr.		

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