REQUEST FOR (CLL) - (GAS) 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.

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					A WELL KNOWN			
gnolia	Petrel Company of	etta Gen r Operator)	peny Jicar	111a NFW (Lease)	, Well No#3IT.	 , in	su 1/4	Si
Unit 1	Letter	Sec22		, R 3 ¥	, NMPM., Blenc) Hosaver	do	P
		te location	Flavation	te Spudded(Total Depth_	Drilling Co	PBTD_6	7 -2-57 298
D	C	В	Top Gas		Name of Prod.	Form. Rlev	eo Nesew	ard s
E	F	G 1		5734-6	Depth		Depth	
			OIL WELL TES		Casing Shoe	<u> </u>	Tubing	
L	K	J]	ł		bbls.oil,bb			
M 3	N	0 1	6		Treatment (after recovery)		•	Choke
90 9	90		GAS WELL TES	_				
					MCF/Day; Hour			i ze
tubing ,C Sire	asing and Fee	Commenting S			ack pressure, etc.):			
	<u></u>	· · · · ·	Test After /		Treatment: 751			•
10 3/4	313	25	Choke Size_3	Method	of Testing:	Permit		
				ture Treatment	(Gi ve amounts of materia	ls used, suc	n as acid, w	ater, oil, a
7 5/8		10		000	Date first new	Gord		
5 1/2	Top 4152	2 10	Casing	Tubing Press	Date first new oil run to tanks_			
<i>)</i> -4.				ter				
5 1/2	Botte 634		1		Northwest Pipe L	Ane Corne	metion -	Weiting
a-manka.			Gas Transpor	Connect	ione		***********	
emarks:		•••••	******************					<u> </u>
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pproved	••••••	••••••	OCT 957	, 19	Magnelia Potr	ompany or O	erator)	m &
			TION COMMISSIO		By Alam	(Signature		
			Emery C. Arno		Title District Sur Send Comm	unications r	ent Nata egarding we	rel Gas Il to:
itle <u>></u> (ipervisor	<u> </u>		***************************************	Box 2406			
					AddressHobbs	lev.Mexic Er. Lee B	. Robinso	on. Jr.

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