REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well X 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					Casper, Wyoming (Place)	April 29, 1957 (Date)
EARE	HEREB	Y REÇ	UESTIN	NG AN ALLOWABLE	FOR A WELL KNOWN AS	:
The	e Ohio	011	Cempany	N. M. 021123	, Well No 1	, in SE
(C	ompany o	or Opera	tor)	(Lea	SC)	
Unit L	etter					NessverdePoo
S	an Jua	n		County. Date Spuddee	10/5/56 Date	Completed 11/6/56
Plea	ase indic	ate loc	ation:			
D	С	В	A	Elevation. 5997]	C.B. Total Depth506	O, P.B4988
E	F	G	Н			Prod. FormPoint Lockout
				Casing Perforation	ns: 4720-4745, 4760-479 4835-4 850 , 4950-496	0. 4800-4825,oi
L	K	J	1	Depth to Casing s	hoe of Prod. String	
Ì						
М	N	O	P	Natural Prod. Tes	t	BOPD
l	X		ł	based on	bbls. Oil in	HrsMins
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	, T 31	-		Test after acid or	shot	BOPI
Castn Size		ementin, cct	Record Sax	Based on	bbls. Oil in	Hrs. Mins
				G Wall Basses	al18,333 Mef/DCAC	- SLILLY
10-3/	4 2	206	210	\		き ききろしん みー・ロー 選り
711	46	20	600	Size choke in inc	hes3/4	OIL CON. COM.
		ha	7.7	Data 6mt ail min	to tanks or gas to Transmission	system: CIST 3
5# Liner	"	98 755	195			
AAL LINES				Transporter takir	ng Oil or Gas: Kl. Pago. Nata	ral Gas Company
	<u> </u>			J		
emarks:		[ell]	resent.	ly shut-in awaitin	g pipeline connection	
				••••		
I he	reby cer	tify tha	t the info	ormation given above is	true and complete to the best of	of my knowledge.
					The Ohio Oil (Cor	
					,	
		NSER	VATION	COMMISSION	By:	(Signature)
. (OIL CC		Y			
•			2/1	But to a cho	Title Division Sur	t. of Production
/:	4	- 2 a	- /	TO DICT. NO. 2	TitleDivisionsup Send Commu	nications regarding well to:
:	4	- 2 a - 1	- /	ER DIST. NO. 3	TitleDivisionSup Send Commu Name	nications regarding well to:

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	Transporter
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