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REQUEST FOR (OIL)-(GAS) ALLOWABLE

It is necessary that this form be submitted by the operator before an initial allowable will be assigned to any completed oil or gas well. Form C-110 (Certification Compliance and Authorization to Transport 0il) will not be approved until Form C-104 is to be submitted in triplicate to the office to which Form C-101 was sent. Two copies will be retained there and the other submitted to the Propation Office, Hobbs, New Mexico. The allowable will be assigned effective 7:00 a me Proration Office, Hobbs, New Mexico. The allowable will be assigned effective 7:00 a.m. on date of completion, provided completion report is filed during month of completion. 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~P.B. at 60° Fahrenheit.

	Hou	nmont,	New Mexico		June 13, 1951	
		P1	ace		Date	
WE ARE HE	EREBY REQ	UESTING	AN ALLOWABLE F	OR A WELL KNOW	MN AS:	
Amerada 1	Petrolem	Corpor	stien J. T. C	indle wall	l No. 3 in CEE	1/4 1 1/4
C	ompany o	r Opera	tor Le	ase		_ 1/41/4
					sylvenien	•
section_	10,	T. 12-5	, R. , N	.M.P.M.	Pool	County
T.7	11 -4 - 1		. 14			4 1 22
Please ir		ocation	Elevation 🚣	57 Boy Spude	ded 4-9-51 Compl	eted -4-71
	1-33-B	 	Total Depth	94771	P.B93921	
		-				
			Top 011/Gas	Pay your	Top Water PayFlow	1/7 - KO Incon
			Initial Prod	luction Test: I	PumpFlow	GAS PER DAY
			Rased on 307	3bls. 0il i	in <u> 4 </u>	- Mins.
	Bes. 10		14 ethod of Te	st (Pitot, gau	ige, prover, meter	run):
				e in inches		
	:				5, 4.7 f @	9345
					Casing_	
			Gas/Oil Rati		Gravity	45.7
			# 2 lon a t	Casing	Perforations:	
Unit let	ter:		>-1/x_ (#87)	R berreterer :	from 90001 to 9045	" W/4 DoFoFe
01110 100			Acid Record:		Show of Oi	1,Gas and water
Casing &	Cementin	a Record	1000 Gals	9000: to 90	65' S/ 011	
Size	Feet	Sax			S/	
13-3/8"	2601	225	Shooting Rec		S/	·
-5 7/5			0+0	4	S/	
8-5/8"	3787	1500	Qts	to	S/S/	
			Qts _	to	S/	
5-1/2"	94561	600			5/	
					Pumping	
			Test after a	cid or shot:_	Pumping	307.59 Flowing
4	<u> </u>		•			
Please in	idicate b	elow For	rmation Tops(in	conformance v	with geographical	section of state)
	S	outheas	tern New Mexico	· •	Northwester	n New Mexico
	V					n non monaco
T. Anhy_		16601		ı		
T. Salt_		1720'		ı		ruitland
B. Salt_						1
T. Yates						Cliffs
T. Queen_				ger		
T Gravhe	ıra]		cout
T. San Ar	ndres	37581				
T. Glorie			_ T•			
T. Drinke	ard		T			
T. Tubbs		72921	_	· · · · · · · · · · · · · · · · · · ·		
T. Abo		86701				
T. Penn _		IA.	T•		T•	· · · · · · · · · · · · · · · · · · ·

(Please supply required information on reverse side of form)

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Amerada Petroleum Corporation Company or Operator Signatule Ition: Assistant District Superintend
Company or Operator D'ov Toppe Signature
Company or Operator D'ov Toppe Signature
Company or Operator D'ov Topped Signature
D'of Topper Signature
Signature.
tion: Assistant District Superintend
wéll to:
: Amerada Petroleum Corporation
ress: Drawer D. Menument, New Mexico
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s Inspector
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