REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well 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.

WF APF	HEDERV	/ DECLIEST		(Place)		0/24/59 (Date)
			ING AN ALLOWABLE FOR A			
			(Lease) Well No			
Unit	Letter	Sec	, T, R,	NMPM.,Undes:	ignated	Ро
L	0a		County. Date Spudded	Date D	rilling Completed	n incles
Ple	ase indicat	te location:	Elevation	Total Depth	4703 PBTD	4579 461
D	C	ВА	Top Oil/Gas Pay			<u> </u>
E	F	G H	Perforations <u>associate</u> of the open Hole associated of the open Hole assoc	Depth Casing Shoe	Depth	4179
L	K .	JI	OIL WELL TEST - Natural Prod. Test: 7:3 bl			· · · · · · ·
М	N (D P	Test After Acid or Fracture Tre load oil used): *640 3 bbls.c	eatment (after recovery	of volume of oil equ	al to volume of
Size Feet Sax 8 5/8 351 150		Sax	Method of Testing (pitot, back Test After Acid or Fracture Tre Choke SizeMethod of T	pressure, etc.):atment:		
4 1/2	4724	225 2 25 888 latex.	Acid or Fracture Treatment (Give sand): 254 384 354 3185 Casing Tubing			
		100 85000	Press. Press.	_oil run to tanks	14/50	
			Oil Transporter	Autrolous Inc		
	+		Gas Transporter			
					74.1.5)	······································
I herel	by certify t	that the infor	mation given above is true and o	complete to the best of	my knowledge.	••••••
proved		6/34/59	COMMISSION By:	(Compa	ny or Operator)	
1		and the second s		(3	Signature)	
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