REQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE OF 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 from C-101 Reason. 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.

			•		MI.	dland, Tex		August	
WE AR	E HER	EBY RE	QUESTI	NG AN ALLOWABI	LE FOR A	(N AS:		(Date)
				Corp. B1				1/4	NW/4 1/4
	(Compan	ny or Ope	rator)	((Lease)	_			,
Unit	Letter	, Sec	.13	, T 258 , R	37 E 1	імрм., . Jú	icle Dula	kind	Pool
Les	.	•••••		County. Date Spuc	ided 5 = 20 =	59 Da	te Drilling Co	mpleted Ka	26-50
	Please indicate location:			Elevation 30	85	Total Depth	5980	PBTD	5977
D	C	В	A	Top Oil/Gas Pay		Name of Pro	od. Form	rinkerd.	
E	F	G		Perforations_	5950 -				
-	F		H	Open Hole		Depth Casing Shoe	5980	Depth Tubing	5948
X				OIL WELL TEST -					
L	K	J	I	Natural Prod. Test:				-	-
M	N	0	P	Test After Acid or I	Fracture Trea	tment (after reco	overy of volume	of oil equal	to volume of Choke
	••		•	load oil used):	bbls, oi	1,bbls	water in 24	_hrs, _ 0 _m	in. Size
25016	TNI 1	23/0	FNL	GAS WELL TEST -					
	-			Natural Prod. Test:				Choke Siz	ze
Size		ind Gemen Feet	ting Recor Sax	d Method of Testing (p	pitot,	1 50	IDIT		
		1		Test After Acid or F	Fractui	1 1-(-)	IKI	lours flo	owed
13-3	/8 5	556	500	Choke Size	Methor	na lan lan V		·	
	, ,			Acid or Fracture Tre	atment (orve	amounts of mater	rais used, such	as acid, wat	er, oil, and
8-3	/8 33	112	1950	sand): 500 gel Casing Tub	med sed	4 10 000	001.8.1	7aadd.	
5-1	/2 60	177	630	Casing Tub Press. Pre	ing ss:	Date first new oil run to tanks	8-14-59		
				Oil Transporter					
<u></u>				Gas <u>Transporter</u>			-		
Remarks:		•••••	***************************************					.,	
•••••••	•••••	••••••	••••••	11127	1.22		ka d		
•••••••••••••••••••••••••••••••••••••••	••••••	•••••	••••••	<i></i>			***********************	••••••	*****************
I he	reby cer	rtify that	the infor	rmation given above i	is true and c	omplete to the be	st of my know	rledge.	
Approved	.	••••••••	***************************************	, 19	An	derson-Pri	Company or Op	L. Corpor	ation
•	OIL C	ONSERV	ATION	COMMISSION	Ву:.	Can,	(Signature	Jan	<u> </u>
Ву:	124	<u> </u>	· /	KLLINGTHIL	Title	e	trict 61	ork	
Title						Send Com	munications re	garding well	to:
	•	**********	**************	•••••••••••••••••		ne	HFoste	5	

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