CORRECTED

XICO OIL CONSERVATION COMM Santa Fe, New Mexico

(Farm C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 senty. 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.

					Midland, Taxas January 20,1958 (Place) (Date)
WE AI	RE HER	EBY RI	EQUESTI	NG AN ALLOWABLE	FOR A WELL KNOWN AS:
(Company or Operator)			ompany	Slack R/A M	A Well No. 4 in NW 1/4 NW 1/4
D, Sec18				, T125, R3i	BE, NMPM.,
Lea				County. Date Spudded	11-12-57. Date Drilling Completed 1-12-58
	Please in	dicate lo	cation:	Elevation 3892 KB Total Depth 12001 PBTD	
D	C	В	A	PRODUCING INTERVAL -	Name of Prod. Form. Devonian
E	F	G	H	Perforations Nor	
				Oll Well Test -	Casing Shoe 11008 Tubing 11006
L	K	J	I		Choke bbls.oil, bbls water in 10 hrs, min. Size
M	N	0	P	Test After Acid or Fract	ture Treatment (after recovery of volume of oil equal to volume of Choke bbls.oil,bbls water inhrs,min. Size
				GAS WELL TEST -	
				Natural Prod. Test:	MCF/Day; Hours flowedChoke Size
_	•		ting Recor	d Method of Testing (pitot	, back pressure, etc.):
Size	·	Feet	Sax	Test After Acid or Fract	cure Treatment:MCF/Day; Hours flowed
13	3/8	332	330		od of Testing:
a c	5/8 1	-	1900	Acid or Fracture Treatme	nt (Give amounts of materials used, such as acid, water, oil, and
	7 9 - 1	1201	1800	sand): None	
_5_1	/2 11	998	200	Casing Tubing Press. Press.	Date first new oil run to tanks 1-15-58
	`		***	Oil Transporter Save	ice Pipe Line Company
2			Tubine	Gas Transporter None	
iemarks	:This	rapc	rt cor	rects number of	feet of 13-3/8" and 8-5/8" casing
. r un	.andt	thean	ount_c	fcamentusedo	n each string.
I he	reby cer	tify that	the infor	mation given above is tru	ne and complete to the best of my knowledge.
pprove	d	************		, 19	Hancock O11 Company or Operator)
	OIL CO	ONSERV	ATION (COMMISSION	By: (Signature)
y:	4	<i>Z.f.</i>	-//2	-h-	Title Prod. Supt.
itle	1	T Z			Send Communications regarding well to:
1 61 0	*************	***********	*************		NameHancock Oil Company
					Address.509WTexAve. Widland, Tex.