Revised 7/1/57

REQUEST FOR CORRESPONDED ALLOWABLE OIL

New Well

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				Midland, Texas May 16	, 1958
				(Place) (Date	•)
			-	ING AN ALLOWABLE FOR A WELL KNOWN AS: State E 8182 , Well No. 2 , in SW 1/4 MW	
AKA		namon		(Lease)	
		-		T 19-8 R 3-35-E NMPM, Pearl Queen	Pool
-	alt Lati	ter			
				County. Date Spudded. 4-18-58 Date Drilling Completed 5-5-5 Elevation 3712 KB Total Depth 5020 FETD 5002	·····
	Please	e indicate	location:	Top Oil/Gas Pay 4734 Name of Prod. Form. Queen	
D	(В	A	PRODUCING INTERVAL -	
E	1	r G	H	Perforations 4734-54 Open Hole Depth Casing Shoe 5002 KB Tubing 4743	
•				1	
L	+	KJ	I	OIL WELL TEST -	Choke
			1 -	Natural Prod. Test: bbls.oil, bbls water in hrs, min	
	<u> </u>			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to vo	lume of
M	1	4 0	P	load oil used): 75 bbls.oil, 6 bbls water in 24 hrs, 00min. Si	ze Pump
				GAS WELL TEST -	
				Natural Prod. Test: MCF/Day; Hours flowed Choke Size	
Lubine	,Casi	ng and Cem	enting Reco		
Size Feet Sax			Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed	
				Choke SizeMethod of Testing:	
8-	5/8	326	300		
h-3	1/2	5002	350	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, o	
				Sand): Ran 500 gals. breakdown acid in front of 20. Casing Press. 0 Press. 50 Date first new ref. oil & 20,000# Oil run to tanks Key 14, 1958	Sand
				Gil Transporter Permian Oil Company	
			<u> </u>	Gas Transporter	
Remar	ks:				
				toul Que, it.	
• • • • • • • • • • • • • • • • • • • •			••••••••••••••		****
7	hereb	v certify th	at the infe	formation given above is true and complete to the best of my knowledge.	
Approv			2 2 195		
гррго	· Cu			Company or Operator	
	OII	L CONSE	RVATION	N COMMISSION By:	
	3	677	1	(Signature)	
Ву:		1	1-1	Send Communications regarding well to:	
Title	τ,	oginler I	Temps 1		
				Name Jake L. Hamon	

Addres 102 Western Bldg. Midland, Texas