## REQUEST FOR (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 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.

					Fort Worth,	Texas		7-21-58
					(Place)			(Date)
		-			R A WELL KI			_
Ville	G. Penro	ose, Inc.		Hardy (Lease)	, Well No.	1	, in 32	1/4 SW
I	Se	c17	T218			Blinebr	y Ges	Р
Unit Le	KIW			Recompletion	on 6-5-58	Rec	completed	
		et						
Plea	se indicate	location:			Tota			
D T	C B	A	Top Gas	Pay 5002	Name	of Frod. Form	Blinebry	(Clearfork)
			PRODUCING IN					
	F G	H	-	<del></del>	<b>78 &amp; 5710-5</b> '	h	Depth	
<b>'</b>	F	, n	Open Hole	65 <b>99-665</b> 8	Casi	ng Shoe <b>659</b>	9Tubir	
			OIL WELL TES	<u> </u>				
١ ا	K J	I	Natural Prod	. Test:	bbls.oil, _	bbls wa	ter inhr	Cho rs,min. Siz
								equal to volume
l i	N O	P	load oil use	d):bb	ols.oil,	bbls water	in hrs,	Choke min. Size
;	X		GAS WELL TES			<del></del>	<del></del> -	
				-	)36 Int /	David Harris (C)	- 1 <b>- 1</b> - 0	oke Size
Mng Cas	aing and Car	menting Recor	_		pack pressure, e			
Size	Feet	Sax						
		<del></del>	I					urs flowed 24
<u>3</u> 3/8	194	300	Choke Size	Method	of lesting: A	Point Rec	Pressure	Test
Q = /Q	2848	1500	Acid or Fract	ture Treatment	(Give amounts o	f materials use	ed, such as aci	d, water, oil, a
0 3/0	2040	1500					.Acid with	n 1 # 8.P.G.
5 1/2	6599	300	Casing Press. 300	Tubing OO_Press	Date firs			
			7		w Mexico P			
	<u> </u>	<del></del>	Gas Transpor	ter El Pasc	Matural Ga	as Co.		
narks:B	linebry	Gas Secti	on made 43	bbls.com	ensate in c	eleven-hou	rs. Permi	ssion to
.dunl	complete	granted.						
· · · · · · · · · · · · · · · · · · ·								
I herel	by certify t	that the info	rmation given	above is true	and complete to	o the best of n	ny knowledge.	
proved		'- 21		, 1958		e G. Penro	se, Inc.	
•						Cempar	y or Operator)	
0	IL CONST	ERVATION	COMMISSIC	N	By: 5	<u>u 1 U U</u>	ignature)	mon
1								
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1. ( <i>OP</i> 9)	11111	<u> </u>	Title Vice Sen	d Communica	tions regarding	g well to:
e				*	- *			
					Address 181	3 Fair Blo	lg., Ft. Wo	orth, Texas

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