REQUEST FOR (OIL) - (CAS) ALLOWABLE

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

					Anther, Her.) (Place)	laulee	Angua	(Date)
ARE H	EREBY R	EQUESTI	NG AN ALLO	OWABLE FOR	A WELL KNO	OWN AS:		. ,
					, Well No		in	IN 1/4.
(Con	pany or Op	crator)		(Lease)				
		19	, T. N	, R JW	, NMPM.,	Verde-0	allup	Pool
Unit Lett					7-00-57	Dada Dudillan	m Cambada	8_11_57
			County. Da	ate Spudded	7-29-57 Total	Depth 266	g compressed .	
Please	indicate	location:			Name o			
	В	A	PRODUCING I		Maine V.			
			Perforation	s				
	P G	H			Depth Casing	Shoe 27	Depth Tubing	2623
, 1	(J	I	OIL WELL TE	=	_bbls.oil,	bbls water	in 12 hrs,	Choke ■ min• Siże
			Test After	Acid or Fracture	Treatment (after	recovery of vo	lume of oil equ	al to volume of
1	1 0	P		834	ls,oil, <u>G</u>		hrs,	Choke min. Size
			GAS WELL TE	51	_			
			Natural Pro-	d. Test:	MCF/Da	y; Hours flowed	Choke	Size
ing ,Casi	ing and Cem	enting Reco	rd Method of T	esting (pitot, b	ack pressure, etc	.):		·
Size	Feet	Sax	Test After	Acid or Fracture	Treatment:		MCF/Day; Hours	flowed
5/8	21	100 sed	Choke Size	Method	of Testing:			
矮	2760	35 one	M.str.erte		(Gi ve amounts of n	materials used,	such as acid, w	vater, oil, and
2 3/	2063	}	sand): Casing	Tubing	Date first poil run to			
-		 	Press.					
			1		neo Inturni		.44	777
arks:			Gas Transpo					
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			COMMISSI		Ву:	Mayur (Sign	atury No Bo 1	1, 32,
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