REQUEST FOR (OIL) - (GAS) 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

						(Place)	W Mar-160	maren 1	(Date)
			-			R A WELL KN			170
((Company	or Ope	rator)	#### AV##!	(Lease)	Well No	, 1	n/4	
Ģ		., Sec	18	., T31M	R 141	, NMPM.,	Yerde Gel	lup	Р
Unit	Lane. The	-		Courty 1	D.s. C., 11.1	2-14-58	Date Dutilia	Completed	0_05_5
	ease indi				5884	Total	Depth 2523	PBTD	
Pic	ease indi	icate io	cauon:	Top Oil/Ga		Name			
D	C	В	A	PRODUCING	INTERVAL -			· · · · · · · · · · · · · · · · · · ·	
									
E	F	G.	H		ohao osof	Depth	a okao	Depth	obbe
		0		-		Casin			
. 	K	J	T I			test; drill			
	_			Natural Pr	rod. Test:	bbls.oil,	bbls water	inhrs, _	min- Siz
и	N		P	Test After	r Acid or Fractur	e Treatment (afte	r recovery of vo	lume of oil equa	l to volume.
1	n	0		load oil u	used): <u>119</u> b	bls,oil,	bbls water in		
	1			GAS WELL T	TEST -			(brank ceb	ecity
5/8	10	7	100 98 at 1	┨		of Testing: (Give amounts of			ater, oil, a
7	243	32	224 et)	1342 or 11	60 bbls cil.	no wand, 36	BPM rate.	1004 present	10
2"	244	5		Casino	Tuhina	Date first oil run to	new		
		-		-		eso Estural			
				1	orter				orn in
narks:	Nov	oil :	ves pro	moed on	3-14-58. 01	l allowable	for 18 days	et 10 /	4 14
						,		/ //-	ULI I -
								M	JR 1 7 195
I her	reby cert	tify tha	t the info	rmation give	en above is true	and complete to	the best of my k	nowledge. OIL	CON. C
proved	-,	MA	R 1 7 1951	}	, 19	PUBC		and the second second	DIST. 3
					•		(Company o	Operator)	-
OIL CONSERVATION COMMISSION						Ву:	Wie.	Maniff	
						(Signature) % E. Marcrell, J			
						Title Send Communications regarding well to:			
e Supervisor Dist. # 3						Name H. E. Massell, Jr.			
						Name	io Eo Marioli	L, UT	
						Address 10	West Church	a, Astec, H	er Necte