D1	TRIBUTION	
BANTA FE		
FILE		
u.s.g.s.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
PRORATION OFFIC	E	

(Form C-104) NEW MEXICO OIL CONSERVATION COMMISSION Revised 7/1/57 Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

2011 1 This form shall be submetted 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 recompletio. 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. - -- - / -

			Odessa, Texas	June 12, 1952
			(Place)	(Date)
ARE HE	REBY RE	equesti	G AN ALLOWABLE FOR A WELL KNOW	NAS: Refer Area
			Dir -Federal Brennand , Well No	in
(Comj	pany or Ope	rator)	(Lease) T. 98 R. 37E, NMPM.,	Allison East
Unit Lotte	, Sec #	•••		
Let	A		County. Date Spudded	ate Drilling Completed
	indicate lo		Elevation 4025 Total Dept	thPBTD
			Top Oil/Gas day <b>9674</b> Name of Fr	od. Form. Bough "C" Penn
DC	B	A	PROLUCING INTERVAL -	
×			Perforations Cn Hole	
E F	G	H	PerforationsCn Hole Oper Hole	be 9647 Depth 7596
LK	J	+	OIL WELL TEST	Choke
		-	Natural Prod. Test:bbls.oil,	
			Test After Acid or Fracture Treatment (after red	
M N	0	Р	load oil used): <b>106</b> bbls.oil, <u>710</u> bbl	ls water in 24 hrs, 0 min. Size mp
			GAS WELL TEST -	
660 F			Natural Prog. Sest:MCF/Day; H	fours flowedChoke Size
(Fe ubing ,Casir	DOTAGE)	nting Recon		
Size	Feet	Sax	Test After Acid or Fracture Treatment:	
			Choke SizeMethod of Testing:	
10-3/4	415	350		
7-5/81	4287	300	Act or Fractore Traiment (Give amounts of mate	rials used, such as acid, water, oil, and
- 21-			sana): Joe puic finit Press, first new	
4-1/21	<b>9</b> 64 <b>7</b>	300	Gasing Tubing Press Pkr Press. 2900 oil run to tank	<s<u>6-3-62</s<u>
			Cil Transporter MeWood Corporat:	ion
2*	9596	Tbg.	Cas Transporter	
emarks :				
			<i>2</i>	
T hanaba	, <u>candifi</u> ah	at the inf	rmation given above is true and complete to the	best of my knowledge.
			10	
.pprovea		•••••	Original S	(Company or Operator)
Off	CONSEL	RVATION	COMMISSION By: L. N. DR.	unavant.
				(Signature)
y:/	127	) 		
			Send Co Le Se L	mmunications regarding well to: hunnavant
itle		••••	I and I and	
			Address Box 302	Co, Odessa, Texas