REQUEST FOR (OIL) - (CASE) ALLOWABLE

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

ea into th	ie stock tan	ks. Ga s mu	st be reported on 15.023	Midland, Texas	1-16-61
		r 0 1 1 2 2 2 2	NO 437 417 0147 PT	(Place)	(Date)
				E FOR A WELL KNOWN AS:	CP CP
(Co	npany or Op	erator)	(1	I, Well No in, in	. ,
P	Sec	14	T 125 R 3	4E , NMPM., Ranger Lake	(Penn) Pool
Ualt Le	ter				
	Le) 	County. Date Spude	ied 10-13-60 Date Drilling Go	mpleted 44-9-59
Pleas	e indicate l	ocation:		ODF Total Depth 10, 352	
D C	C B	A		Name of Frod. Form.	CHRISTIAN TO THE PROPERTY OF T
			PRODUCING INTERVAL -		•
	TP 0	7,	Perforations 10,	276-280, 10,286 -290 , 10,2	96-304
E	F G	Н	Open Hole	Depth Casing Shoe 10,344	Tubing 10,300'
			OIL WELL TEST -	Swbd. dry natural	
L	K J	I		<pre>bbls.oil,</pre>	Choke
MN	N O	P		racture Treatment (after recovery of volume	Choke
	. •		load oil used):	80 bbls.oil, no bbls water in 24	hrs,min. Size
			GAS WELL TEST -		
60FSL	£ 660F	EL	_ Natural Prod. Test:_	MCF/Day; Hours flowed	Choke Size
Cas, Cas	ing and Cem	enting Reco	rd Method of Testing (p	itot, back pressure, etc.):	
Size	Feet	Sax	Test After Acid or F	racture Treatment: MCF/	/Day; Hours flowed
13-3/8	385	400		Method of Testing:	
13-3/6	363	700	-		
8-5/8	4140	600	1	tment (Give amounts of materials used, suc	
			sand): acidised	w/2000 gals. retarded acid >	
5-1/2	10,357	200	Press. Pres	ing. 5s.70-150 Date first new oil run to tanks 1-15-6	1
			Oil Transporter Inc	iiana Oil Purchasing Trucks	
2-1/2	10,300	-	Gas Transporter	None	
emarks:	acidi	sed w/2	900 gals. retarde	d acid	***************************************
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80 20					
				s true and complete to the best of my know	
	1-16				
pproved	1-14		, 19	(Company of O	perator)
01	T CONSE	DVATION	COMMISSION	By They I Do	To-
- OI	P. COMSEI	VALION	COMMISSION	(Signatur	e)
. 1/1	1 /	1111	MAN TO THE	Title Production Cler	
	7	, , , , , , , , , , , , , , , , , , , 		Send Communications r	egarding well to:
itle				Name Joseph I. O'Neill	12.
				**Contours of the second of th	
				Addition 418 West Ohio.	Midland Torse -