REQUEST FOR (OIL) - (GAS) 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.

				Ro	Swell, New Me	x1.6 0	July 21	, 1959 (Date)
WE ARE	HEREBY	REQUEST	ING AN ALLOW	VABLE FOR A	WELL KNOWN	AS:		,
E.	P. CAMPI Company or	SELL Operator)	STATE (SCHERM	(Lease)	., Well No1	, in	SB	SE!/4
Unit 1	Letter	Sec36	, T22-5,		vмрм., .	almat		Pool
					-58 Date			
Ple	ase indicat	te location:	Elevation	35211	Total Depth	38001	PBTD	(m20m5.9
	C I	BA	Top Oil/Gas Pay	37181	Name of Prod.	Form.	Yates as	nd
		~ ·•	PRODUCING INTER					
E	F	G H	Perforations_	3718-37hot	3768-37881			
-		u n	I .		Depth Casing Shoe	3800	Depth Tubing	37501
- <u>L</u>	K .	JI	OIL WELL TEST -			•		
-	^ °	J	Natural Prod. I	Test:bbl	s.oil,bb	ls water in	hrs.	Choke
- V	\$17				tment (after recove			
M	N	P			1, <u>30</u> bbls w			
			GAS WELL TEST -					
		· · · · · · · · · · · · · · · · · · ·	Natural Prod. T	est:	MCF/Day; Hour	s flowed	Choka Si	
tubing ,Ca	sing and Co	ementing Reco	rd Method of Testi	ng (pitot, back p	ressure, etc.):		Crioke SI	ze
Size	Feet	Sax			tment:		Pav: Houre fl	owied
8-5/8	2001	150			sting:			
	200.	150	_ =====					
<u>5-1/2</u>	# 3800±	175	1		amounts of material	s used, such	as acid, war	ter, oil, and
		7	Casing	lubing	Date first new			
	 	+	Cit I Transport	Press•	oil run to tanks	mly 6, 1	959	
			Gas Tanasporter	MeWee d	l-Corporation,	Midland,	Pexas	
emarks:	•		Gas Iransporter					
••••••			***************************************		***************************************	••••	•••••••••••	•••••
••••••		*******************		•••••••••••••••••••••••••••••••••••••••		*******************	••••••••••	
I hereb	y certify	that the info	rmation given sho	ove is true and co	omplete to the best	of my knowl	edge	
pproved					E. P. Campbel:			
				,	Good Con	npany or Ope	rator)	
OI	L CONSE	ERVATION	COMMISSION	Ву:	Dry A s	Twanty	*****	
	7/1	9/1		-//		(Signature)		
:				Title	Geologist Send Commu	nications rea	mrding well	to:
tle	•••••••••		/ 			_		
		d'		Nam	eE. P. Campl	ell		

Address.Lubbock, Texas