REQUEST FOR (OIL) - (GAS) ALLOWARDE OF THE OCCRECOMPletion

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-104 was sept. 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.

		•		Hidland, Texas (Place)	February 26, 1
E ARE	HEREBY	REQUESTI	NG AN ALLOWABLE	FOR A WELL KNOWN AS:	
mpbell & Hedrick			Allie M. Lee , Well No. 1 , in 1/4 S		
alimete I	S	ec25	T.22-3 R.37-	Z, NMPM.,Drinkerd	Pool
			County. Date Spudde	d Date Drillin	ng Completene-entered hele
Please indicate location:		e location:	** 011/0 P	Total Depth 7520	PBTD 6500 *
D	CB	B A	100 Oll/Gas Pay	Name of Prod. Form.	Drinkerd
			PRODUCING INTERVAL -	6320-30, 6, 6350-54, 6366-76, 6416- Depth Casing Shoe 65001	
<u> </u>	F	H	Perforations 6336_4	6. 6350-54. 6366-76. 6476-	10 and 6/25 20
		} H	Open Hole	Depth Casing Shoe 65001	Depth
			OIL WELL TEST -		1001116
L	K J	IX		tested	Choke
- 1	Ì].		bbls oil,bbls water	
v	N O	P	Test After Acid or Frac	cture Treatment (after recovery of vo	lume of oil equal to volume of
•	. "	' · •	load oil used): 80	bbls.oil,bbls water i	Choke hrs, A min. Size
			GAS WELL TEST -		-30/4
3/8	220	200	Choke Size Met	ture Treatment:	
5/8	2555	400		ent (Give amounts of materials used,	
,			sand 2.000 gal re Casing Tubing	fired oil w/l#/gel sand. Date first new	
2 6500 300		300	Casing Tubing Date first new oil run to tank Pobruer 25, 1959		
			Oil Transporte	in Merico Pipe Line (Tem	
	 		God Twomcoon+Allen II	· · · · · · · · · · · · · · · · · · ·	
arks Th	is old w	rell was o	riginally drilled	and plugged by Resler & S	hald
*******	***************************************	••••			
•••••	*******	***************************************			
I herel	by certify t	hat the infor	mation given shows is to	ue and complete to the best of my k	
					•
~ T ~ W	*************************	***********	····., 19		Operator
OI	L CONSE	RVATION	COMMISSION	By: Of Mari	R. Y
	The same	Show.	ele M	(Signal	(We) (//
			full film	. TitleCO_owner	a sacardina suell acc
************	******			Send Communication	s regarding well to:
				NameCampbell & Hadrick	
				Addres 0. Box 463; Midl	and Fares