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 seed design 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.

				Hobbs, New-Mexico	Septe	nber 24, 1957	
E ARE E	EREBY RI	EOUESTI	NG AN ALLOWABLE	FOR A WELL KNOWN A	S:	(====,	
		-		14 Well No3		·/4	
(Co	mpany or Ope	rator)	(Le	ue)			
L ver L	, Sec	.17	, T 23 , R 3	, NMPM.,	Jalmat	Pool	
	Lee		County. Date Spudde	d Date 1	Orilling Completed	9-24-57	
Please indicate location:			Elevation	Total Depth	3700 PBT	3619-PB	
D	C B	A	Top Oil/Gas Pay	Name of Prod.	Form. Yates		
"		*	PRODUCING INTERVAL -				
		ļ <u>.</u>	Perforations 3515	-67, and 3588-36061	Depth		
E	F G	H	Open Hole	Depth Casing Shoe	Depth Tubing	35771	
			OIL WELL TEST -				
L	K	I	Natural Prod. Test:	bbls.oil,bbl	s water in hrs	Choke s, min. Size	
X				cture Treatment (after recover			
M	N O	P		bbls.oil,bbls wa		Choke	
			GAS WELL TEST -				
					Chall Chal	- 6:	
Live Control Computing Record				MCF/Day; Hours			
ubing Casing and Cementing Reco			ot, back pressure, etc.):				
	1	······································	i i	cture Treatment: AP-5,285		•	
8 5/8	310	50	Choke Size	thod of Testing: 4-Point	leek Pressure		
		200	Acid or Fracture Treats	ment (Give amounts of material	s used, such as acid	, water, oil, and	
51	3700		Sand): 20 000 cal oil and 20 000 sand Casing Tubing Date first new Press. 3700 Press. oil run to tanks				
90172	3577						
	3311		Oil Transporter				
			Gas Transporter Per	den Besin Pipe Line C	omposty		
marks:							
					•••••••••••••••••••••••••••••••••••••••		
I herel	by certify th	at the info	ormation given above is	true and complete to the best	of my knowledge.		
			, 19				
-				666	mpany or Operator)		
OIL CONSERVATION COMMISSION				By:	(Signature)		
				Title District Supt.			
':	<u></u>		The state of the s	Send Commu	inications regarding	well to:	
tle	······································						
A.4	4 9	oo.		NameCCSal	Manie		
Orig. & 3001000 upo Pile				Address Hobbs New Mexico			