## SSPORE CEIVE DForm C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE 2 8 1960 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-1075WE 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				Hobbe, New Newton April 27, 1960 (Place) (Date)
				ING AN ALLOWABLE FOR A WELL KNOWN AS:
alak	Compan	y or Oper	Company	X. Tates "B" ANC , Well No. 2 , in 12 /4 MI /
1				T. 173 , R. 255 , NMPM., Property (Control for the Po
	ldly			County. Date Spudded 3-27-60 Date Drilling Completed
P	lease inc	dic <b>at</b> e lo	cation:	Elevation Total Depth FBTD
D	С	В	A	Top Oil/Gas Pay Name of Frod. Form.
				PRODUCING INTERVAL -
E	F	G	Н	Perforations Depth Depth
				Open Hole Casing Shoe Company Tubing Casing Shoe
L	К	J	ī	OIL WELL TEST -
_	I		-	Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
M		0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume o
.	11		1	load oil used): bbls.oil, bbls water in hrs, min. Size
	<u> </u>		L/J	GAS WELL TEST -
m'i,	MAI	9 <b>90</b> 1 £	/ <b>5</b> /	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
			ting Recor	Method of Testing (pitot, back pressure, etc.):
Size		Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
5/4	,	9)	150	Choke Size Method of Testing:
	40	7.0	***	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
-/-			709	sand): 500 millene med medd
	6	<b>24</b>	The	Casing Tubing Date first new Press. Press. oil run to tanks
				Oil Transporter Service Pipe Line Company
				Gas Transporter
marks	::			
<del></del>			· · · · · · · · · · · · · · · · · · ·	
I he	ereby ce	rtify tha	t the info	ormation given above is true and complete to the best of my knowledge.
prove	d	Α	PR 28	1960 , 19 Sinclair 611 & Gas Company (Company or Operator)
				77.6
_	OIL C	ONSER'	VATION	COMMISSION By: (Signature)
. 11	NL [	Enico	Tron	Title Diet, Supt.
. Filey	e262 <b>3</b> 63			Send Communications regarding well to:
tle		# F F F F		Name Troi Dame
4 Q		. Andron	4	-State Land College City E Broadway, Holder, Her Harrison

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