## REQUEST FOR (OIL) - 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 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.

|                 |   | -<br>-        | •   | .1                                      | OCO. HTLLS,     |               | Janua          | ry 5, 19                                | 59(Date)                |
|-----------------|---|---------------|---|---|-----------------|---------------|----------------|---|-------------------------|
| VE ARE          | HEREBY                                  | REQUESTI      | NG AN ALLOWA  |   |                 |               |                |   | (Date)                  |
|                 |   | •             | MPANY OF TEXAS  |   |                 |               |                | SE                                      | NE 1/4,                 |
| (9              | ompany or                               | Operator)     |   | (Lease)                                 |                 |               |                | 1                                       | •                       |
| Unit L          | S<br>etter                              | icc14         | , T <b>169</b> , 1  | R <b>29∞6</b>                           | , NMPM.,        | HIGH          | SINGESING.     | •••••••••                               | Pool                    |
| K)              | DUY                                     |               | County. Date S  |   |                 |               |                |   |                         |
| Plea            | ase indicat                             | e location:   | Elevation   |   |                 |               |                |   |                         |
| D               | C                                       | B A           | Top Oil/Gas Pay_<br>PRODUCING INTERV  |   | Name            | e of Prod. F  | orm. PRAN      | DER SAND                                | (Queen)                 |
| E               | F                                       | G H           | Perforations  |   | Dept            |               |                | Depth                                   |                         |
|                 |   |               | Open Hole 2070  |   | Casi            | ing Shoe      | 2074           | Tubing                                  | 20621                   |
| L               | K .                                     | JI            | OIL WELL TEST - Natural Prod. Te  |   |                 | NATURAL bbls  |                | hrs.                                    | Choke<br>min. Size      |
| M               | N                                       | 0 P           | Test After Acid   | or Fracture                             | Treatment (aft  | ter recovery  | of volume      | of oil equal                            | l to volume of<br>Choke |
| -               | •                                       |               | load oil used):_  | 96bb                                    | ls,oil,         | )bbls wat     | er in <u>3</u> | _hrs,                                   | nin. Size3/4            |
|                 |   |               | GAS WELL TEST -   |   |                 |               |                |   |                         |
| 19801           | NI. & 66                                | O' FEL        | - Natural Prod. Te  | st:                                     | MCF/            | Day; Hours    | flowed         | Choke Si                                | ze                      |
| - ,             | _                                       | ementing Reco | rd Method of Testir   | ng (pitot, ba                           | ack pressure, e | etc.):        |                |   | <del></del>             |
| Size            | Feet                                    | Sax           | Test After Acid   | or Fracture                             | Treatment:      |               | MCF/D          | ay; Hours f                             | lowed                   |
| 10 3/4          | 352*                                    | SET           | Choke Size  |   |                 |               |                |   |                         |
| 8 5/8           | 18801                                   | SET           | Acid or Fracture  |   |                 |               | •              |   |                         |
|                 |   | _             | sand): 500 cal  |   |                 |               |                |   |                         |
| 711             | 20741                                   | 150           | Press. 120# Press. 150# oil run to tanks 1-5-59  Oil Transporter MAICO REFINERIES THO |   |                 |               |                |   |                         |
| 2 <del>11</del> | 20621                                   |               | Gas Transporter   |   |                 | •             |                |   |                         |
| Remarks:        | •••••                                   |               |   |   |                 |               |                | ••••                                    |                         |
|                 |   | •••••         | •••••   |   |                 | ÷*******      | ••••••         |   |                         |
|                 |   | •••••         |   |   |                 |               |                |   |                         |
| I here          | by certify                              | that the info | ormation given abo  | ove is true a                           | and complete t  | to the best o | of my know     | ledge.                                  |                         |
| Approved        | ***************                         | NAL           | · · · · · · · · · · · · · · · · · · ·   | , 19                                    | GENERAL. AN     | TERICAN       |                | ANY OF T                                | EXAS                    |
| 0               | IL CONS                                 | ERVATION      | COMMISSION  |   | By: TY:         | 0/10          | (Signature)    | *************************************** |                         |
| $\sim$          | n.f/                                    | 2 17          | t<br>A Araca  |   | R. F. N         |               | . •            |   |                         |
| y:f.k.,         | the ABO                                 | ZNUSLA        |   | *************************************** | TitleDi<br>Sen  | id Commu      | nications re   | garding wel                             | l to:                   |
| itle            | *************************************** |               | ····  |   | Name. CENER     | AL AMER       | ican oil       | GO. OF                                  | TEXAS                   |
|                 |   |               |   |   | AddressP.       | OBox          | 416. Jo        | co Hills                                | No No                   |

## NEW MAXICO OIL CONSERVATION CC...MISSION SANTA FE, NEW MEXICO

(File the original and 4 copies with the appropriate district office)

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Company or Operator GENERAL AMERICAN OIL CO. OF TEXAS Lease BREWER                    |
|---|
| Well NoUnit Letter H S 14 T 16 S R 20 F Pool HIGH LONESOME                            |
| County Kind of Lease (State, Fed. or Patented) PROFRAL                                |
| If well produces oil or condensate, give location of tanks: Unit S 14 T 16 8 R 20 R   |
| Authorized Transporter of Oil or Condensate NAICO REFINERIES, INC.                    |
| Address (Give address to which approved copy of this form is to be sent)              |
| (Give address to which approved copy of this form is to be sent)                      |
| Authorized Transporter of Gas None  |
| Address  (Give address to which approved copy of this form is to be sent)             |
| If Gas is not being sold, give reasons and also explain its present disposition:      |
|   |
| Ges is flared - no market available   |
|   |
|   |
| Reasons for Filing:(Please check proper box) New Well (X)                             |
| Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )   |
| Change in Transporter of Check One). On ( ) Dry Gas ( ) Check Check One).             |
| Change in Ownership ( ) Other ( )  Remarks: Give explanation below)                   |
| Remarks: Give explanation below)  |
|   |
|   |
|   |
|   |
|   |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Com- |
| mission have been complied with.  |
| Executed this the day of January 19 59  |
| By by I. I. Miller  |
| JAN ? 1950 R. F. Killer   |
| Approved 19 Title District Regineer   |
| OIL CONSERVATION COMMISSION Company GENERAL AMERICAN OIL CO. OF TEX                   |
|   |
| By MI (but some Address 13)   |
| By ML AND CAS INSPECTOR Address P. O. Bex 416   |