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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

| | | | | Aermit, Texa | \$ | August 2, 195 | 6 |
|---|---------------|---------------|--|-----------------------|---|------------------|--------------|
| | | | | (Place) | | (Date) | |
| VE ARE I | HEREBY R | EQUESTIN | G AN ALLOWABLE FOR | R A WELL KNOW | VN AS: | | |
| WE ARE HEREBY REQUESTIN Magnolia Petroleum Co. | | | /* · | , Well No | , in | w SE | !/4 |
| O. Sec | | | 18 S , R | , NMPM., | Undesi | Undesignated Poo | |
| Eddy | | | County. Date Spudded | 6-29-56 | Data Completed | 7-28-56 | |
| Plea | se indicate l | | Date Spadded | ••••• | , Date Completed. | •••••••••••••••• | |
| D | C B | A | Elevation 3,312 G.I | , fo | 1,736 | , P.B. 1,713 | |
| Ē | F G | н | Top oil/gas pay | 47 Nam | e of Prod. Form | San Andres | |
| | - 33 | | Casing Perforations: | 1,647 - 1,666 | | | or |
| r | K j | I | Depth to Casing shoe | | _ | | |
| M | N Q | P | Natural Prod. Test | ···· | | | B OPD |
| | · · · | 2310 | based on 86 | bbls Oil in | 24, Hr | 5 | .Mins. |
| *************************************** | 33 | | Test after acid or shot | s. F. W/10, | 000 | 1 | B OPD |
| Casing and Comenting Record Size Feet Sax | | | Based on 86 | bbls. Oil in | 24 Hr | 5 | .Mins. |
| 13-3/8 404 Pulled | | 72.22 | Gas Well Potential | | | | |
| | 404 | Pulled | Size choke in inches. 12/54; T.P. 160# | | | | |
| 9-5/8 | 802 | 884 | Date first oil run to ta | inks or gas to Transm | uission system: | 7-28-56 | |
| 7 | 1,736 | 500 | Transporter taking Oi | | | | |
| | | | i ransporter taking Oi | l or Gas: | *************************************** | | |
| .emarks: | 37.2 | Gravity • | 60°; .2% BS Shake o | out; 102 GOR, 8 | .8 MCFD | | |
| ••••••••••••• | | | | | ····· | •••••• | |
| I herel | by certify th | at the inform | mation given above is true | and complete to the | best of my knowle | dge. | |
| | | | , 19 | Magnolia Pet | roleum Compar | y | |
| Ol | L CONSER | RVATION (| COMMISSION | By: U, Mic | Losso | 4 | |
| y: <i>]</i> | 1L Ar | mstr | ong | Title District | | | |
| itle | | | 7 | Name V. M. Leo | | rung wen to. | |
| | | | | Address Box 727 | | ıs | |
| | | | | Addi com | | · | |