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

E AR	E HERI	EBY R	EQUESTI	ING AN ALLO	WABLE FO	R A WEL	L KNOWN A	S:		
				of Texas	M.L. H	g ine We	ll No 2-1	, in	NE 1/4	NR 1/4
(Company or Operator)				196	(Lease)		***	_•	F	<i>f</i>
¥1mét	A. Letter	, Sec		., Т. 103	, R. ZOL	, NMPI	M., uda	elgræteg.		P∞
				County. Date	e Spudded	1/1/59	Date	Drilling Com	pleted	1/27/59
			location:	Elevation			_Total Depth	1795	PBTD	1785
D	C	В	A	PRODUCING INT		1701	_Name of Prod.	rorm. Si	m Andres	
E	F	G	H	•			8 1692-96 Depth			
	_			Open Hole			Casing Shoe	1/32	Tubing	1750
L	K	J	I	OIL WELL TEST	•	bbls.oil	,bbl	s water in	- hrs	Choke
							(after recover			
M	N	0	P	load oil used): <u>144</u> b	bls.oil,	O bbls wa	ter in 24	_hrs, <u>0</u> _m	in. Size 12/6
				GAS WELL TEST						
990	FEL	<u>& 330</u>)ı Patr	_ Natural Prod.	Test:		_MCF/Day; Hours	flowed	Choke Si	ze
tubing ,	Casing s	and Com	enting Reco	rd Method of Tes	ti ng (pitot,	back pressu	re, etc.):		·	
Size		Feet	Sax	Test After Ac	id or Fractur	e Treatment	:	MCF/I	Day; Hours fl	owed
8 5/8	3 96	2	350	Choke SizeMethod of Testing:						
5 ;			230	Acid or Fracti	ure Treatment	(Give amou	nts of material & 84,000	s used, such	as acid, wa	ter, oil, and
				sand):	Tubing	Date	first new		oro	
							run to tanks	•	****	
				Gas Transport						
			•							•••••
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				ormation given a					reage.	
pprove	d	? 1	A. A. M.A.	<u>.</u>	, 19. 59	Sta	derd-Oil-Go	mpany or Op	erator)	
						•	PF	Di	nles)	
	OIL C	ONSE	RVATION	COMMISSIO	N	By:	F. Duyer	(Signature		************
	m	0/	\geq	1			-	// 		
i: <i>l</i> .	0/4		mist	lroug	************	Title	Send Commu	inications re	garding well	to:
itle	•••••••	47. F. 4.	••••	<u></u>		Name	Standard C			
						•				
						Address.	Box 698,	Monahans	,Texas ···	