(Form C-104) Revised 7/1/57

## 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.

			•	•	ARTESIA, NEW MEXICO			11/15/58		
				•	(Place)	***************************************	••••••••••	(Date)		
WE ARE	HEREBY R	REQUESTI	NG AN ALLOW	ABLE FO	R A WELL KN	NOWN AS:				
WILL	IAM HUDSO	)N	Federal N	.M. 029	135 , Well No.	, in.	SIE	1/4 SW		
(Cc	ompany or Oj N	perator)	_ 18-S	(Lease) 27-E		#1 , in.		,,,,,,,		
Unit L	" Sec <del>Mor</del>	************	, T, 1	R	, NMPM.,	Tree Division	**************	Pool		
E	DDY	·····	County. Date S	oudded	9/19/58	Date Drilling C	cupleted	10/5/58		
Plea	se indicate	location:	Elevation3	559	Total	Date Drilling 0 2140	PBTD_			
			Top 011/Gas Pay	2017-202	Name	88; Prod Form. 2114			•	
D	C B	A	PRODUCING INTERV	ZU70=20 /AL =	102; ZU04-ZU	991 S110-SII			•	
]					021: 2056-20	60; 2078-2082;	2084-20	088: 2110-21	1 14	
Œ.	F G	H	Perforations	-0-	Depth	g Shoe 2140	Depth	2140	<u>.</u>	
			Open Hole		Casin	g Shoe 2140	Tubing_	2140	ı	
L	K J	<del>                                     </del>	OIL WELL TEST -				_			
ا ند.	w	1	Natural Prod. Te	st:	bbls.oil,	bbls water in	24 hrs,	Choke min. Size	1/4	
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 30 bbls,oil, bbls water in 24 hrs, min. Size 1/4*							
			GAS WELL TEST -			<del></del>				
		<del></del>	<del></del>		**		•	-		
Suldan Co.	due and Com	enting Record				ay; Hours flowed		Si ze		
Size	Feet	SAX				c.):				
	1					MCF,	/Day; Hours	flowed		
8-5/8	1451	Mudded	Choke Size	Method	of Testing:					
5-1/2	2140	550	Acid or Fracture	Treatment	(Give amounts of	materials used, suc	h as acid.	water, oil, and		
)-1/2	2140	220				# 20/40 sand s			ađ	
2#	2140		Casing Press. 250	Tubing	50 Date first	new tanks 11/15/5	8			
<del> </del>						RIES, INC., RO		NEW MEXICO		
			Oil Transporter_	·	None					
<del></del>	<del>!</del>	<del> </del>	Gas Transporter_	<del></del>	·			<del></del>		
Remarks:	•	••••••••					••••••••			
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			***************************************							
		*: •	5			the best of my know WILLIAM HUDSON				
Approved	***************************************		•••••••••••••••••••••••••••••••••••••••	19	$\sim$ /	(Company or O	******			
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a. 11	14/1	znedt.	20710		Title	UFBRATUR				
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Γitle	• • • • • • • • • • • • • • • • • • • •	••••••			37	W ILLIAM MUDS	OM			
					Name					
					AddressBO	x 476, ARTESIA	. DEN M	EXICO		

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