REQUEST FOR (OIL) - (GAS) ALLOWABLE 6 1960 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.

/ i `AMDERV		Hanson Denton Well No. 1 in SE 1/4, (Lease) T. 18S R 29E NMPM., Wildest Pool
P	or Operator)	T 18S p 29E MARKE Wildest
		the state of the s
	Eddy	County. Date Spudded May 17, 60 Date Drilling Completed June 10, 60
Please indi	icate location:	Elevation 3468 Total Depth 2262 PBTD
D C	ВА	Top Oil/Gas Pay 2002 Name of Prod. Form. Queen
		PRODUCING INTERVAL -
E F	G H	Perforations 2002 - 2026
- -	n n	Depth Depth Open Hole Casing Shoe 2054 Tubing
		OIL WELL TEST -
L K	J	Natural Prod. Test: 12 bbls.oil, 0 bbls water in 24 hrs, 0min. Size ba
	ŀ	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
MN	0 P	load oil used): 40 bbls.oil, 0 bbls water in 24 hrs, 0 min. Size 2"
	•	GAS WELL TEST -
660s	990 E	
		Natural Prod. Test:MCF/Day; Hours flowed Choke Size
	d Cementing Reco	the state of the s
· · ·	· · · · · · · · · · · · · · · · · · ·	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8 5/8 4	26 50	Choke SizeMethod of Testing:
		Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
5 1/2 20	100	sand): 20,000# Sand and 10,000 gal galled crude oil.
2 3/8 19	90	Casing Casing Tubing Date first new Press. 150# oil run to tanks July 1, 1960
	- 	Oil Transporter Continental Pipe Line Company
		Gas Transporter
marks:	*************************	······································
marks:		
I hereby certi	ify that the info	ormation given above is true and complete to the best of my knowledge.
I hereby certi		ormation given above is true and complete to the best of my knowledge.
I hereby certi	ify that the info	ormation given above is true and complete to the best of my knowledge. (Company & Company & E. A. Henson (Company or Operator)
I hereby certi	ify that the info	ormation given above is true and complete to the best of my knowledge. Company & E. A. Hanson
I hereby certi	ify that the info	COMMISSION By: Company or Operator) By: Company or Operator) Company or Operator) Company or Operator) Fartner
I hereby certi	ify that the info	COMMISSION By: Company or Operator Company & Company or Operator C
I hereby certi	ify that the info	COMMISSION By: Title Partner

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