REQUEST FOR (OIL) - (CAS) ALLOWABLE New Well HOBBS OF THE UCC

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 the date of completion or recompletion. 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. 1 16 40

				.:	(Place)	52166	***************************************	(Date)
1 W	-141 041	C	T	Hone Man #1	R A WELL KN	1	WE.Z	
Secony M	ODIT OTT	remany)	mo.	New PRX "	Well No		, in	1/4 1/4,
B	See	32	T 178	R 318	, NMPM.,	Grayburg	Jackson 4	1/4, Pool
um la Eddy	ster .		County. D	age Spudded	1-10-59	Date Drill	ing Completed	1-5-60
Please indicate location:			County. Date Spudded 11-10-59 Elevation 3727 Goldon Total Depth Drilling Completed 3810' Top Oil/Gas Pay 3467' Name of Prod. Form. Grayburg					
D	CQB	A	PRODUCING I		Maille	or From Form		<u> </u>
	m°	1960	Perforetion	3467. 34	76, 3520, an	d 3535		
E	F G	H	Open Hole	•	Depth Casin	g Shoe 381	Depth Tubing	3521'
L	K J	I	OIL WELL TE					Choke
	" "							min. Size_
M	N O	P	load oil us	sed): 90 bl	bls.oil, 22	bbls water :	in <u>9</u> hrs,	qual to volume of Chok 18/6
			GAS WELL TE					
33	ON- 19	80 E	. Natural Pro	od. Test:	MCF/D	Day; Hours flow	wedChok	e Size
Tubing ,Car	ing and Cer	menting Recor	Method of T	Testing (pitot,	back pressure, et	:c.):		
Size	Feet	Sax	7				MCF/Day; Hour	s flowed
8 5/8*	752	391	 		of Testing:			
5 1/2"	3810	150						, water, oil, and
2"	3521	Tubing	Casing Press	Tubing Press	Date first oil run to	new 1	-15-60	
-	 		Oil Transpo	ny Mebil C	11 Company,	Inc Tr	ueks	
	Constitut	35.2 0 66	Gas Transpo	orter 608 244/	1		TP 235, CP	920
Remarks:								•••••
		••••••						
	by certify t	that the info	rmation gives	n above is true	and complete to	the best of m	ny knowledge. Inc.	
Approved				, 19		Comple	y or Operator)	
0	IL CONSI	ERVATION	COMMISSI	ION	Ву:	KI (II)	ignature)	
B M	I Pos	milio	no		Title Distr	iet Superi	ntendent	
OIL AND GAS MISPED AN					Send Communications regarding well to:			
Title	·····		Υ	*****	Name	••	il Company	
					Address	2406, Hot	bs, Henr Men	dee