## 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.

			š	<b>,</b>	. Reswell, New Newico August 19, 19 (Place)
E ARI	E HER	EBY R	EQUESTI	NG AN ALLOWABLE	FOR A WELL KNOWN AS:
<b></b>	مسخد	a - i- i		Johnston	well No, in
-	Compan	TO OF	rest)	(Lea	asc)
Visit	Letter	, Sec.		, T <b>185</b> , R <b>9</b>	75, NMPM.,Pool
34	dr		••••••	County. Date Spudded	d
P	lease in	dicate k	ocation:	Elevation 33003	Total Depth PBTD 1999
D	C	В	TA	Top Oil/Gas Pay	Name of Prod. Form.
- I		-	-	PRODUCING INTERVAL -	
-	-	<del>  _</del> _	+	Perforations	981, 1540-661, 1642-481, 1655-701
E	F	G	H		Depth Depth Casing Shoe Tubing
				OIL WELL TEST -	
L	K	J	·I		Choke bbls.oil,bbls water inhrs,min. Size_
			1.		cture Treatment (after recovery of volume of oil equal to volume of
M	N	0	P		Choke  bbls,oil,bbls water inhrs,min. Size
					Dors, ori,
		<u> </u>	JJ	GAS WELL TEST -	
		• •			MCF/Day; Hours flowedChoke Size
i <b>bing</b> ). Size		and Geme Feet	nting Recor		ot, back pressure, etc.):
	<del></del>	1		· .	cture Treatment: MCF/Day; Hours flowed
18	<i>'</i>	50	50	Choke Size Met	thod of Testing:
				Acid or Fracture Treatme	ment (Give amounts of materials used, such as acid, water, oil, and
-8-1	<del>/4                                    </del>	72	_500_		SA, 12, [00; sp.], sil and 12,500/ sand
				Casing Tubing	oil run to tanks
-3~1	<b>44</b> *	810	235	<b>-</b>	co-Refinerics, Inc.
				Gas Transporter	
marks	<b>:</b>			ods II anapot tel	
icre	s ne	Fac	ton	40.82 Zan	ton 1.025 80. 11-35-17
					true and complete to the best of my knowledge.
proved				958	
proved	•	•••••••		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(Company or Operator)
	OIL C	ONSER	VATION	COMMISSION	By: comes sagram
	m			+	(Signature) Tem L. Ingre
: <i>l.!</i>		Lis	mel	roug	Title Sand Communications recording well to:
·le	<b>8</b> /L	AND GA	S MSPECT	ra v 🗸	Send Communications regarding well to:
	**********	••••••			Name Maarburg & Ingran

Address... Box. 847. Rowell. .. How Maxico

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