(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 FEBRUARY 28, I
		-		LE FOR A WELL KNOWN AS:
(Cor	mpany or Op		I KENWOOD	(Lesse) Well No
Unit Lat	ter .			SIE NMPM., SEEGARE Pool
S D 1	<b></b>		County. Date Spud	dded 12/18/65 Date Drilling Completed 2/14/64  Total Depth 2895 PBTD 3854
Pleas	e indicate l	location:		
D	СВ	A	PRODUCING INTERVAL	
E :	F G	H	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	25-5799: 5792-5774  Depth Depth Depth Tubing 5890
2			Open Hole OIL WELL TEST -	Casing Shoe 3640 Tubing 3640
L	K	I		bbls.oil, bbls water in hrs, min. Size
M I	N O	P	load oil used): 75	Fracture Treatment (after recovery of volume of oil equal to volume of Choke bbls.oil,bbls water inbhrs,min. Size
		<u> </u>	GAS WELL TEST -	mCF/Day; Hours flowed Echoke Size (pitot, back pressure, etc.):
23101		650/W	. Natural Prod. Test:	MCF/Day; Hours flowed Echoke Size
bing ,Cas: Size	ing and Gem Feet	enting Recor	Method of Testing (	(pitot, back pressure, etc.):  Fracture Treatment:  MCF/Day; Hours flowed
-5/8		50	· ·	Method of Testing:  MCF/Day; Hours flowed  OFFICE
_			Acid or Fracture Tre	reatment (Give amounts of materials used, such as acid, water, oil, and
*	3895	<i>I50</i>	sand):	(SEE BELOW)
			Casing Tub	ubing Date first new ress. oil run to tanks I BRAVARY 25, 1964
			Oil Transporter 1	THE PERMIAN CORPORATION
·	L	<u> </u>		PHILLIPS PETROLEUM CO.
narks:	TREA	ter Pr	BRUARY IS, I	1964 wren IS60 nals P trass oft
			SAND.	
				the second and the best of my knowledge
l hereb proved		EB 28		is true and complete to the best of my knowledge.
			T. e.	(Company or Operator)
OI	L CONSE	KVATION	COMMISSION	(Signature)
	VL ( /	1205/8	1419	Title
le	MAC A	76 848 1 <b>8</b> 8	PEUTSE	Send Communications regarding well to
	·····			Name
				Address

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An Cori	A Resignation	3	
OPERATO:		100	
EXTRACTOR OF		2	
STATE	** • *********************************	/	
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