

REQUEST FOR (OIL) ~~WATER~~ 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Breckenridge, Texas 8-11-55
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

The Ibex Company Hanson, Well No. 6, in NE 1/4 SW 1/4
(Company or Operator) (Lease)
K, Sec. 25, T. 26S, R. 31E, NMPM., North Mason Pool
(Unit)
Eddy County. Date Spudded 7-16-55, Date Completed 7-31-55

Please indicate location:

	0		

Elevation 3149 DF Total Depth 4164, P.B. ----
Top oil/gas pay 4154 Name of Prod. Form Upper Delaware sand.
Casing Perforations: None or
Depth to Casing shoe of Prod. String 4155
Natural Prod. Test 30 BOPD
based on 30 bbls. Oil in 24 Hrs. ---- Mins.
fracture
Test after 226 BOPD
Based on 226 bbls. Oil in 24 Hrs. ---- Mins.
Gas Well Potential ----
Size choke in inches 18/64
Date first oil run to tanks or gas to Transmission system: 8-5-55
Transporter taking Oil or Gas: Cactus Petroleum, Inc.

Casing and Cementing Record

Size	Feet	Sax
8 5/8	907	340
5 1/2	4155	125

Remarks: Well fractured with 1000 gallons and 1000# sand on 8-9-55.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

The Ibex Company

(Company or Operator)

By: _____
(Signature)

Title: Production Supt.
Send Communications regarding well to:

Name: The Ibex Company

Address: Box 752, Breckenridge, Texas