REQUEST FOR (CHL) - (GAS) ALLOWABLE

New Well

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.

WE ARE I	HEREBY RI	EQUESTI				
Magnolia	Petroleu	m Compai	y Jicarilla MBM , Well No5 UT-PC , in NE 1/4, NE 1/4,			
, – -		•	., T26N, R3W, NMPM., Undesignated Fictured CliffsPool			
R1	o Arriba		County. Date Spudded10-4-57 Date Drilling Completed 10-20-57			
Please indicate location:			Elevation 72531 Total Depth 63601 PBTD 63271			
D	C B	A	Top Oll Gas Pay 30451 Name of Prod. Formundesignated Pictured Cliff PRODUCING INTERVAL -			
	<u> </u>	5 990	Perforations 39/5-3907 Depth Depth			
E	F G	H	Depth Depth Open Hole Casing Shoe 6360 Tubing 3808 Tub			
L	K J	I	OIL WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size			
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of			
M	N O	P	load oil used):bbls.oil,bbls water inhrs,min. Size			
			GAS WELL TEST -			
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size			
. •	sing and Geme		Method of Testing (pitot, back pressure, etc.):			
Size	Feet	Sax	Test After Acid or Fracture Treatment: 1655 MCF/Day; Hours flowed 3 he			
10 3/4	309	250	Choke Size 3// Method of Testing: Back Programs			
7 5/8	4000	386	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and			
7 5/8	4200 Top	175	sand): 26.000 for the control of the			
5 1/2	40371	150	Press. Press. 1200 oil run to tanks			
	Bottom	-	Gil Transporter			
5 1/2	6360	175	Gas Transporter Pacific Northwest Pipe Line Corporation - Waiting			
Remarks:	•••••	••••••	Gonnection.			
			RELEVED			
I here	by certify th	at the info	ermation given above is true and complete to the best of my knowledge.			
Approved	NOV 2	L 1957	19. Magnalia Petroleum Company or Operator Oll CON. CON.			
01	II CONÉED	NATION	COMMISSION By: 2773 January DIST. 3			
			(Signature)			
By: Ori	ginal Sigr	ed Eme	ry C. Arnold Title District Engineer Natural Gas			
Title	Supervisor	Dist. # 3	Send Communications regarding well to:			
4 4 t 5 t 5 t 5 t 5 t 5 t 5 t 5 t 5 t 5	***************************************		Name Magnolia Petroleum Company Box 2406			

Address Hobbs, New Mexico

Attn. Mr. Loe E. Robinson. Jr.

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