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.

				Hobbs, New M	exico	December	16, 1957 (Date)	
WE ARE H	HEREBY R	EQUESTI	NG AN ALLOWABLE FO	R A WELL KNOW	N AS:		,,	
Magnolis (Co	a Petrole	um Comps erator)	any Jicarilla "I		UT-PC, in.		,	
B Unit Let	Sec.	24	T. 26N , R. 3W	, NMPM., Unde	signated P	ictured C	liffePool	
Rio Arr	riba		County. Date Spudded				11-19-57	
Pleas	se indicate l	ocation:	Total Depth 6380 PBTD 6341 Topport/Gas Pay 3960 Name of Prod. Form. <u>Hindesignated Pictured Clif</u>					
D	990 B	A	PRODUCING INTERVAL -	Name of Fi	rod. Form. Hiri	esignation	PERCENTERS GIFTS	
E	F G	16501 H	Perforations 3960-40	Denth	e 6380	Depth Tubing	3938	
L	K J	I	OIL WELL TEST -				Choke	
			Natural Prod. Test:		_		_	
M :	N O	P	Test After Acid or Fractu			-	Choke	
			GAS WELL TEST -					
-			Natural Prod. Test:	MCF/Day; 1	lours flowed	Choke S	Size	
	ing and Come		Method of Testing (pitot,	back pressure, etc.):	43		·	
Size	Feet	Sax	Test After Acid or Fractu	re Treatment: 20	MCF	Day; Hours	flowed 3 hrs.	
10 3/4	296	250	Choke Size 3/4N Metho	d of Testing: Ba	ck Pressur	e	 	
7 5/8	4220	200	Acid or Fracture Treatmen					
<u>-</u>	Top		sand): 40,000 gal	Date first new	# sand			
5 1/2	4047	100	PressPress		(S			
# # la	Bottom		Oil Transporter					
5 1/2 emarks:		200_	Gas Transporter Pacific Connect	Northwest Pipe				
••••••		•••••••			***************************************	\ nr		
T hereb	nu camifu sh	at the info	rmation given above is tru	e and complete to the	best of my kno		G1.9.1957	
			DEC. 1.9.1973, 19	Magnolia P		ompaty	OIST. 8	
OI	L CONSER	VATION	COMMISSION	Ву:	S /As	ash		
Origi	inal Signo	ed Emer	y C. Arnold	Title District	Gas Engine	e r		
•	rvisor Dist.			Send Cor	mmunications	regarding we	ell to:	
itie	***************************************		•••••••••••••••••••••••••••••••	Name Magnol		umCompan	y	
				Box 24 AddressHobbs		0		

AZTEC DIS	77.7		
No. Capta	€,	4	
The state of the s	·i	* * .	
		1	
A STAN I A		1	
* .		£	
Samsyone,			
· ile	;		