REQUEST FOR (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.

			ist be reported on 15.025 psia at 60° Fahrenheit.
E ARE H	EREBY R	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
gnolia	Petrole	em Compa	ny Jicarilla upa , Well No. #5. 17 Ny , in
			, T, R, NMPM., Blanco Mesaverde
Q.2.			
	irriba e indicate l		Elevation 7240 Total Depth 6150 PBTD 6115
D C	В	A	PRODUCING INTERVAL -
E I	F G.	H	Perforations 5514 6062 Depth Depth Open Hole Casing Shoe 6150 Tubing 5484
L I	S J	I	OIL WELL TEST -
			Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
4 N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls.oil, bbls water in hrs, min. Size
990			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
dng "Casi Sire	ng and Gene Feet	nting Recor	the state of the s
	1	· · · · ·	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed 3 hr
0 3/4	300	250	Choke Size 3/19 Method of Testing: Back Prescure
7 5/8	4070	200	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
	Top	-	sand): 120.000 cal water & 120.000 # sand Casing Tubing Date first new
5 1/2	3886	75	Press. Press. 2500 oil run to tanks
5 1/2	Bottom 6150	125	Gas Transporter Decide House
narks:	••••••	••••••	Gas Transporter Pacific Northwest Pipe Line Corporation - Waiting
	***************************************	•••••	

•	•		rmation given above is true and complete to the best of my knowledge.
roved		••••••••••	Magnolia Petroleum Company or Operator)
			COMMISSION By: Signature)
_	<u>final Sig</u> rvisor Dist.	•	Title District Supprintendent Natural Off Send Communications regarding well to:
	1419UI UISE,	.#. .3	Name Magnolia Petroleum Company
			Box 2406 AddressHobbeNew.Mexico

Attn: Mr. Lee E. Robinson, Jr.

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