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 Mexic			12-12-57	,
				(Place			••••••••	(Date)	•••••
E ARE H	EREBY R	EQUESTI	NG AN ALLOWAI	BLE FOR A WEL	L KNOWN	AS:		·	
		-	y Sa				SW !	/4 IM	1/4.
(Cor	mpany or Op	erator)		(Lease)					
Unit Lat	ter		., T 251 R.						
San	Juan		County. Date Sp	udded 7-16-57	Date	Drilling Co	mpleted	8-2-57	
	e indicate l		Elevation	0374 06	_Total Depth	#A10	PBTD	4731	
 	0 0	- , - ,	Top Oil/Gas Pay	4877	_Name of Prod.	Form. L	wer Gal	Tab	
198	C B	^	PRODUCING INTERVA						
\vdash			Perforations	4908 - 4922					
1	P G	H	Open Hole		_Casing Shoe	4970	Depth Tubing_	4882	
01			OIL WELL TEST -						
	K J	I	Natural Prod. Tes	t: 19 1 bbls.oil	, <u>0</u> bb	ls water in	24 hrs,	<u>O</u> _min.	Size 20/
			Test After Acid o	r Fracture Treatment	(after recove	ry of volume	e of oil eq		
M :	N O	P	load oil used):	bbls, oil,	<u>⇔</u> bbls w	ater in	• hrs, -	Choke min Size	
			GAS WELL TEST -						
				t:	MCF/Dav: Hour	s flowed	Chake	Size	
Mng Coo	ing and Com	enting Recor			-	-		415	
Size	Feet	Sax	-	(pitot, back pressu	•				
	1		Test After Acid o	r Fracture Treatment	· ·	MCF,	Day; Hours	1 lowed	
8-5/8	355	150	Choke Size	Method of Testing	J				
5-1/2	4970	150	Acid or Fracture	Treatment (Give amou	nts of materia	ls used, suc	h as acid,	water, oil,	and
3-4/2	4,710		sand): Kone						
tbg.	4882	-	Casing	Tubing Date Pressoil	first new	R_9_57			-
							Poli	THA	
				Magnolia Petz		Daily	/ RU	ITIACE	
	009 -	275/7		None					
emarks: GOR - 375/1 Chravity - 40° 6 60							Oll co		
•••••	TARAT.	ey - 40°	& 0 0	***************************************			OIL CO	M. COM.	
								ST. 3	
I hereb	by certify the	nat the info	ormation given abov	e is true and comp	lete to the best	t of my kno	wiedge»		
proved			DEC 1 6 1957	19 M.	AGNOLIA PE	ompany or C			
					1 7 .		_		
OI	L CONSE	RVATION	COMMISSION	By:	. T. Evans	(Signatur	e)		
Ori	ginal Sig	ened Em	ery C. Arnold	Title Di	istrict Pe	troleum	Company		
				1146	Send Comm	unications	regarding v	well to:	
leSup	ervisor Dist	. # 3		Name	. T. Evans		····		
					P. O. Box		obbs. Ne	w Mario	
•				Address.	t.axxxx .		~~~~ ~		-

AZ PO DISTRICT OFFICE

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