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.

						Midian	d, Texas				
WE ARE	HEREI	BY REG	QUESTI	NG AN AL	LOWABLE FO	•	•	AS:		(Date)	
Ncs	rath &	Smit	1	Tid	aveter-State	B, Wel	ll No.	in	MV ,	4 SE 1/4	
(0	Company	or Open	itor)	120	(Lease , R 32 1)	_		,	• • • • • • • • • • • • • • • • • • • •	
Unit 1	Letter	, Sec		., T!33	, R. 32	, NMPI	vi., <u>Ei</u>	mprock Qu	1997	Pool	
	Lea			Country	Date Spudded	3-15-60	Dete	Dwilling Co	wnleted	3-22-60	
D1.					4382 KJ						
Pic	ase indi	cate loc	auon:		as Pay 30						
D	C	В	A				_ Name of 1100.	TOTH!	<u> </u>		
	· [ĺ			INTERVAL -	_			•		
E	F	_		Perforation	ons 3052	2-58	Depth	·			
	·	G	H	Open Hole	— .		Depth _Casing Shoe	3075	Depth Tubing	3058	
		_ [OIL WELL							
L	K	J	I				•			Choke	
	- 1	XX		Natural P	rod. Test:	bbls.oil	•bb	ols water in	hrs,	min. Size	
M	\overline{N}	0	P		r Acid or Fractu				•	Challa	
"	"	۱	•	load oil	used): 64	bbls.oil,	bbls w	ater in 24	hrs,	min. Size	
				GAS WELL	TEST -				on p	rudo	
				Natural P	rod. Test:		MCE/Day: Hour	e flowed	Choke	Siza	
tubing .Ca	aging and	i Cement	ing Recor				_				
Size	Fe		SAX		Testing (pitot,				 		
				ì	r Acid or Fractu					flowed	
8-5/	18 309		100	Choke Size	eMetho	d of Testing	;		-i -		
	•			Acid on Fr	racture Treatmen	(Give amour	ts of materia	ls used, suc	h as acid. v	vater, oil, and	
4-1/	2 307		150	1							
2-2/	8 3058	. [_	Sand): Casing	250 gals. A	Date	first new	<u>V. 3013e</u>	-40 -40	2004	
	9 3030				Tubing Press					· · · · · · · · · · · · · · · · · · ·	
				ſ	porter <u>India</u>			<u>co.</u>			
				Gas Transp	porter	nene					
Remarks:.		*********	•••••		•••••				************		
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I here	shy certi	fy that	the info	mation div	en above is tru	e and comple	ete to the best	of my know	vledge.		
				_			cerath &		-10-6		
Approved.		••••••	••••••	***************************************	19	***************************************		ompany or O	perator)	************	
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O		NSERV	ATION	COMMISS	SION	Бу:		(Signature	:)		
D	REE	ODE	EVA	MINIED	A U ITTED	Tiala				Agent	
Ву:	i i				NUTTER	ı 1tte	Send Comm	unications r	egarding we		
Title	OIL	CON	ERVAT	ION COA	MMISSION	_	McGrath &		- -		
	1/2	<u> </u>	_EXHIB	II NO.	2	Name					
	CAS	E NO	. /	965	MMISSION 2	Address	209 Petro	ioum Life	Bldg.		
			-		1		Hidlend,	Tokos			