## MEXICO OIL CONSERVATION COM. SSION NŁ

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to any completed all 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 hew oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit. - - - -

	,			(Place)	Marc	<b>h.6. 1962</b> (Date)
		-		OR A WELL KNOWN AS:		1/2 SE :
· C -			(Lease	•}		2
P			. T. 185, R. 26E	, NMPM., <b>Atoka</b> J	Penn und	
Unit La	ister					
<b>E</b>	ddy		County. Date Spudded.	12-1-61  Date Dri    B	GIZA PRTO	9091
Plea	se indicate lo	cation:		Name of Prod. For	•	
D	C B	A		Name of Frod. for	A GILLOYS	V 49664 5 1965
	1. 12		PRODUCING INTERVAL -		-	
			Perforations 8992-9	020 £ 9056-9069 Deoth	Depth	
E	FG.	H	Open Hole	Casing Shoe 9	124Tubing_	9072
			OIL WELL TEST -			
L	KJ	I	مستجهد ويعن القصيبي تهنيني واله	bble oil bble w	unten in hre	Choi min Size
				bbls.oil,bbls w		
M	NO	P		ure Treatment (after recovery o		Choke
M			load oil used):	_bbls.oil,bbls water	r in'hrs,	minSize
		X	GAS WELL TEST -			
		2.0	Natural Prod. Test:	MCF/Day; Hours f	lowed Choke	Size
June Ce	aing and Come	nting Recor				
Cubing Casing and Comenting Record Size Feet Sax		wash 250 ga	back pressure, etc.): ure Treatment:3102 on 4	f point test	flowed 11	
	1 1					
8-5/8	1291	1410	Choke Size	od of Testing: <b>Orifice</b> m		
			Acid or Fracture Treatmen	nt (Give amounts of materials u	used, such as acid,	water, oil, a
4	9124	300	wash w/2	50 callons mud acid	in	
			Casing Tubing	Date first new oil run to tanks	15-62 on 4 p	oint test
2"	9072		PressPress	The Dermion Come	ation	
			1	The Permian Corpor		
				Transwestern Pipe I		
emarks:				1 waiting on gas conn		
	4 point	test - C	CAOF 16,000 MCF1	) w/GLR 64, 688		•••••••••••••••••••••••••••••••••••••••
					••••••	••••••
I here	by certify th	at the info	ormation given above is tr	ue and complete to the best of	my knowledge.	
		8 1962	, 19		ma & Judson	
pproved		••••••			any or Operator)	
~	TT CONTERT		COMMISSION	By: Khen	Velan	•
0	IL CONSER		COMMISSION	27	(Signature)	
$\sum$	Mf Dr.	antes.	4110	Title R. Kon Willi	ame, Xanat	Partner
y: <i>K.l.</i> ,	L. K. L. F. K. L	1. 1. <b>N</b> . L. L. L.		Send Communi	cations regarding	well to:
itle	MB GAS INSP	EC/88	<u> </u>	Name. Martin, Wi		
			• • • • • • • • • • • • • • • • • • •	Address 413 First N	at'l Bank Ble	ig., Midlar

Texas

(Form C-104) Revised 7/1/57

Recompletion

