Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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 sens The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, project this will be assigned effective 7:00 A.M. on date of completion or recompletion, project this will be assigned effective 7:00 A.M. on date of completion or recompletion, project this will be assigned effective 7:00 A.M. on date of completion or recompletion, project this will be assigned effective 7:00 A.M. on date of completion or recompletion, project this will be assigned effective 7:00 A.M. on date of completion or recompletion, project this will be assigned effective 7:00 A.M. on date of completion or recompletion, project this will be assigned effective 7:00 A.M. on date of completion or recompletion, project this will be assigned to the completion of the completio 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.

						January	
	PM 11 Pad	an	NG AN ALLOWABLE		KNOWN AS:	op.	(Date)
(Co	(Company or Operator)		(Lea T-8-5 , R -37-	ec) E NMPM.	Undes:	igna <b>ted</b>	Pool
Roo	sevelt		County. Date Spudded	December 1	3. Date Dril	ling Completed	1-26-60
Please indicate location:			Elevation 406	<u> </u>	otal Depth 9716	PBTD	9676
D	C B	A	Top Oil/ Pay 95		ame of Prod. Form	. remsylva	man
E	F G	H	Perforations 9578-	<u></u>	epth O	Depth Depth	0502
			Open Hole OIL WELL TEST -	C;	asing Shoe <b>7</b>	Tubing	9593
L	KJ	I	Natural Prod. Test: 20	bbls.oil,	O bbls wa	eter in 24 hrs.	, o min. Size
M	1 0	P	Test After Acid or Frac	ture Treatment (a	after recovery of	f volume of oil ed	qual to volume of
	,		GAS WELL TEST -				
			Natural Prod. Test:	мс	CF/Day; Hours flo	owedChoke	e Size
Tubing ,Cas	ing and Cem	enting Reco	rd Method of Testing (pito	ot, back pressure	, etc.):		
Size	Feet	SAX	Test After Acid or Frac	ture Treatment:_		MCF/Day; Hour:	s flowed
13-3/8	416	350	Choke SizeMet	chod of Testing:			
8-5/8	4146	1000	Acid or Fracture Treatments and): None	ent (Give amounts	s of materials us	ed, such as acid,	water, oil, and
5월	9716	175	Casing Tubing Press.	650 Date fi	irst new	27-60	
2	9593		Oil Transporter	McWood Corpo	ration		**************************************
		<u> </u>	Gas Transporter	None			
Remarks:	••••••			<b>7</b>		e)	
	••••	••••••	I I I I A A		1 ACI	12)	
I herek	ov certify th	at the info	ormation given above is t	rue and complete	e to the best of n	ny knowledge.	•••••
Approved					Roden		
		?	COMMISSION	Ву:	17/0	ny or Operator)	
By:	S	MA	Month	I IUC	Agent	ations regarding v	well to:
Title	· · · · · · · · · · · · · · · · · · ·	Figir	neer District A		ill Roden		
	•	<i>y</i>			ox 767, Mid	land, Texas	