Santa Fe, New Mexico REQUEST FOR (OIL) - (CAS) 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			ngu D8 ₉	New Mexico	1-28-57
E ADE L	GEDEDV DE	OHESTINA	(Place)		(Date)
e are i Cit :	iekebi ke ios Sorvi s	QUESTING	G AN ALLOWABLE FOR A WELL K	NOWN AS:	
(Co	mpany or Oper	rator)	(Lease)	in M	
J	Sec	1,	Lion Co. State AY Well No (Lease) T. 10-S , R. 33-E , NMPM.,	Undest grated	Po
(Unit))		County. Date Spudded		
	se indicate lo			,	***************************************
			4240 Gr. Elevation4254 DF Total D	Depth	9728
			Top oil/gas-pay9656	Name of Prod. Form	Wolfcamp
		-	Casing Perforations: 9656-9664		
	•		Depth to Casing shoe of Prod. String.		
			Natural Prod. Test		ВОР
			based on	iaHrs	Mis
·····	••		Test after acid or shot. 26.	1	<u>B</u> O¢
Casing : Size	and Comenting Feet	Sax	Based on 20.7 bbls. Oil	in 24 Hrs	.O
13-3/8	339.70	325	Gas Well Potential		
8-5/8	-5/8 3940.50 *		Size choke in inches. Purpling	roll	
5-1/2	9764.28	**	Date first oil run to tanks or gas to Ir		-57
			Transporter taking Oil or Gas:	Wood Corporation	
marks:	Pumped 2	0.7 bbls.	eil, 375 bbls. water, 24 hrs.	. lhk" streke. 11 S	PM. GOR 765.
ravity		cor sulfa	te 4% gel plus 1075 sacks Diam	aix A plus 300 sacks	neat
ravity 1076	sacks Inc		WINE WITH BARDS WARP		and the second second
1076 200	sacks Inc	or AX gel	tion given above is true and complete to	the best of my knowledge	
1076 200 I hereby	sacks Income sacks	the information	ation given above is true and complete to	the best of my knowledge Service Production	Co.
1076 * 200 I hereby	sacks Inc	the information	ation given above is true and complete to	***	Co.
1076 200 I hereby	sacks Ince sacks Ince y certify that	the information 31 19	ation given above is true and complete to	Service Production	Co.
1076 200 I hereby	sacks Ince sacks Ince y certify that	the information 31 19	57), 13	Service Production (Company of Operator) (Signature)	
1076 200 I hereby	sacks Ince sacks Ince y certify that	the information 31 19	OMMISSION Title Diagram Dia	Service Production (Company Coperator) (Signature) (Signature) (Signature)	
1076 200 I hereby	sacks Ince sacks Ince y certify that JAN CONSERV	the information 31 19	OMMISSION Title Diagram Dia	Service Production (Company of Operator) (Signature)	

Address Box 97, Hebbs, New Mexico