## REQUEST FOR (OIL) - (GEE) ALLOWABLE

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 37 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

	ic server vario	_	•	Hobbs	Hobbs, New Mexico			November 24, 1959		
				(Pla	•	_		(Date)		
			NG AN ALLOWA				CNLT			
mble O	11 & Refi	ning Co.	South Four La	kes Unit I, Wo (Lease)	ell No	, i <b>n.</b>	. <b></b> .	4	<b>!/4</b> ,	
			., T <b>11-S</b> , R	34-E, NMP	M., Four	Lekes Pe	marlya	nian	Pool	
Unit Le	iter		County. Date Sp	rkover Starte	d Date	werkeve	n mploted	11_22_4	20	
			Elevation	156 DF	Total Depth	12,893	PBTD	12,660	?7	
Pleas	se indicate l	ocation:		9884						
D	C B	A	PRODUCING INTERVA		<del></del>					
				<b>:-</b>						
E F	F G	н	Perforations	9884-9900	Depth	10 803	Depth Tubina	9800		
	- 1				Casing Shoe	14,077	racing_	7000		
L	K J	I	OIL WELL TEST -						Choke	
				t: <u>171.79</u> bbls.oi						
M	N #0 #	P		r Fracture Treatmen				Chok	e	
	"   " " "		load oil used):	bbls.oil,	bbls wa	iter in	hrs,	min. Size		
		ليل	GAS WELL TEST -							
60'fr.	EL, 660	m. SL	. Natural Prod. Tes	st:	MCF/Day; Hours	flowed	Choke	Size	<del></del>	
bing ,Car	sing and Ceme	nting Recor	d Method of Testing	g (pitot, back press	sure, etc.):					
Size	Feet	Sax	Test After Acid	or Fracture Treatmer	nt:	MCF,	/Day; Hours	flowed		
		4.00	Choke Size	Method of Testir	ng:					
13-3/8	379	400		Treatment (Give amo	unts of material	s used. suc	h as acid.	water, oil	and	
9-5/8	4205	1600								
		0000	sand): Casing	Tubing Dat Press oil	e first new	11/2	3/5/	2		
7	12882	2000	Press	Pressoil	run to tanks	In Com				
			Oil Transporter Service Pipe Line Company  El Paso Natural Gas Company							
		<del></del>	Gas Transporter_					,		
:marks:		*** ***********		Jour 7	aked-	Dun	6/2	[		
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			ormation given abo	is true and com	nlete to the best	of my kno	wledge.			
		nat the inic	1.1	10.	umble Oil 🥸	Relinir	ig vomapa	<b></b>		
proved	457	,	,	15	Co Paritable L	mpany or C	perator)		مبسرم	
0	II CONST	<b>EVATION</b>	COMMISSION	By:	SIGNE <b>D</b> ;	AKAMI	D. EADY.	rimit	3 Eng	
J	i consti			, 7		(Signatu	re)			
1	U1.	Much	WALL	Title	Agent		manardina s	well to:		
			trick I		Send Comm		regarding	nen w		
tie	7			Name.						
				HTS/mcb Address	Box 2347	Habba	New Me	rice		