REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

Jn3+ 15, 1057

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.

WE ARE H	IEREBY	REQUEST!!	NG AN ALLO	OWABLE FO	(Place)				(Date)
iagnolia (Co	Petrole	perator)	Santa	Fe Pacifi	.c "D" we	ell No3	, in	ne ,	4SE
1	Se	22	., T9-6	R 36-R	, NMP	M., Cro	esroads D	evoni an	Pool
Unit LA	Name of the last o		County. Da						
Pleas	se indicate	location:	Elevation	79.71.3	<u> </u>	Total Depth_	15,105	PBTD	**
D	CE	A	Top Oil/Gas	Pay 12,143	,	Name of Prod	· Form	TA A OUT OF	
			PRODUCING IN	VTERVAL -					
E	F G	H	Perforations	**		Denth		Depth	
	Sec. 22	"	Open Hole	12,153 - 1	.2,182	Casing Shoe	12,153	Tubing	12,175
	K J	1990	OIL WELL TES	<u> -</u>					
" "	A J	-	Natural Prod	i.Test:	bbls.oil	l,b	bls water in	hrs,	Choke min. Siże
		5'						•	al to volume of
M	N O	P P	load oil use	ed): 340 1	bbls.oil,	Ho bbls	water in 24	_hrs, =	_min. Size
		1	GAS WELL TES	<u>ı </u> -					
	K=305		Natural Prod	- L. Test:		MCF/Dav: Hous	rs flowed	Choke	Size
bubing Cast	ing and Co	menting Record							
Size	Feet	Sax							flowed
13 3/8	h26*	h25-Circ		Method				,,	
8 5/8	4950	3250		ture Treatment 500 Gell			ils used, suci	h as acid, i	water, oil, and
5 1/2	-1 -0.	300 Top	Casing Dep	Tubing 6	Date	first new	7_7 9_5	7	
Liner	7438	575 Bett							
			1	ter. Magn			<u></u>	- ,	
	GOR -	15/1	Gas Transpor						
emarks:		у – 44 е (CAOp	***************************************				••••••	*******************
•••••		Pressure	*****************	•••••		•			•••••
			***************************************	••••					••••••
I hereb	y certify (∷i‰ana	that the infor	mation given						ANN
pproved	. L. I. Fillery		******************	, 1921		MAGNOLI (C	ompany or Op		ANA
OII	CONSE	PRATION	COMMISSIC	NAT.	B C.	2. 6	on A	2	
Oli		AVAILON	COMMISSIC	//N	G. T	. Evans	(Signature)	
/:	CLA	1/-/1/	cher	,	TitleD	istrict Pe			
			,			Send Comm	unications re	egarding w	ell to:
tle	***************************************	*****************	······································		NameC	. T. Evans	1		
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