REQUEST FOR (OIL) - (GAS) 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 divings 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.

Com	pany or Ope	20	PORATION	(Lease 36-)	:) B , NMPN	i., Unde	signate	1/1/11	Pool
Reci	evelt		. County Date	e Spudded.	8-3-196	Dat	o Drilling (completed	9-13-60
Please	indicate le	vation:	County Date Elevation Top Cal/Gas Fo	4174	<u> </u>	_Total Depth_	9900.	FBTD	
- 	В	A	Top Caly Gas F	3623		Name of Proc	d. Form.	1085 0	
			PRODUCING INT	ERVAL -	. 067	•			
E F	rG	Н	Perforations Open Hole		7033-70/	Z Depth		Depth	04751
			Open Hole			Casing Shoe	7760.	Tubing	A012,
, ,	\ J	I	CIL WELL TEST						Choke
,	, ,	*							min. Size
	1 0	P	Test After Ac	id or Fract	ture Treatment	(after reco	very of volu	me of oil equ	al to volume of Choke
' '		l F	load oil used): 282	_bbls,oil,	•U• rils	water in 💆	hrs,	Choke 28
			GAS WELL TEST						
			Natural Prod.	Test:		_MCF/Day; Ho	urs flowed _	Choke	Size
ing ,Cast	ing and Ceme	enting Reco	rd Method of les	ting (pito	t, back pressu	re, etc.):	·		
Size	Feet	SAX	Test After Ad	io ur Frac	ture Treatment	·	MC	F/Day; Hours	flowed
3-3/8	460	450	Choke Size	Vet.	hed of Testing	·			
			Acid or Fract	ure Treatme	ent (Give amou	nts of mater	ials used, s	uch as acid.	water, cil, and
B-3/8	4213	2700			/1000	3 MCA	et d		
5-1/2	9900	300	Casing Page	Tubing LOX Prass.	750 Date	<pre>first new run to tanks</pre>	9-19-1	960	
			Cil Transport	er Magne	diestp	A STATE OF	oHeve	od Truc	ke
		<u> </u>	1						
narks:							92,127,000		
						****	9 7: 512 90:		*************
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I hereb	y certify th	nat the inf	formation given	above is t	tue and comp	lete to the b	est of my kr	owledge. CORPORAT	TOM
oroved	······································	9 107		, 19	CORI	/A		Operator)	<u> </u>
		21 190			n	DIZ	rate	ler	H.T.Bra
	L CONSE	RYATIO	N COMMISSIO	N	.By1		(Signat	ure)	
O									
(1)		Mar	[M////////////////////////////////////		Title		of Produ	s regarding v	