## 

## (Form C-104) Revised 7/1/57

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

				Odesca, Texas May 2, 1958 (Date)
				NG AN ALLOWABLE FOR A WELL KNOWN AS:
Lar	io 0.1	& Gat y or Ope	··Compar rator)	Federal "A" , Well No, in
J	Letter	, Sec	34	, T8-S, R34-E, NMPM.,
R	ooseve	1t		County. Date Spudded2_27_58 Date Drilling Completed4_22_58
Please indicate location:				Elevation 4276 GaLa Total Depth 9314 PBTD 92941
D	C	В	A	Top Oil/Gas Pay 8500 Name of Prod. Form. penn.  PRODUCING INTERVAL -
E	F	G	Н	Perforations 9270 0262 Depth Depth
				Open Hole Casing Shoe 9374 Tubing 9284 OIL WELL TEST -
L	K	<b>9</b> J	I	Choke Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
M	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
				load oil used): 369 bbls.oil, none bbls water in 24 hrs, noin. Size 1/4
	·			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
tubing	,Casing a	and Ceme	nting Reco	rd Method of Testing (pitot, back pressure, etc.):
Size	<del>-  </del>	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
10-3/4" 4		421	375	Choke Size Method of Testing:
7-5/	/8# 4£	91	1700	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
5-1	/2# g3	382	200	sand): 500 mals acid Date first new Press Press 1300# oil run to tanks 12:noon 4-30-58, 12:noon 5-1-58
2-3/	g 92	ક્ષા.		Oil Transporter MeWood Corporation, Room 364 Pets Bldg., Abilene, Tex
Remark	- ,			Gas Transporter
			••••	The state of the s
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Ιh	ereby ce	rtify tha	the info	ormation given above is true and complete to the best of my knowledge.
Approve	ed		2	, 19 (Company or Operator)
	OIL	ONSER	VATION	COMMISSION By: 05 2 Transfum
	A	- 7	$\gamma^{-1}$	(Signature)
By:		-1]	<i>f</i>	Title District Production Superintendent Send Communications regarding well to
Title	······································			Name Lario Oil & Gas Company