REQUEST FOR (OIL) - (CAS) 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-105 was ent. 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.

				Hobbs, New A	Hobbs, New Hexico			August 20, 1963 (Date)	
VE ARE F	EREBY R	EOUESTI	NG AN ALLOWABLE		OWN AS:		()		
I Chorre		tion, Ir	ne. A. R. Haley	Ac. 3 , Well No.	_	in SE	1/4 SW	¹⁄4,	
			T 88 R 3	•	dilnesand-Sa	m Andres	••••••	Pool	
Unit La	iter		Re-enter	ad					
			County. Date 31263	(B) Total	Depth 9300	Completed OTTO	4730		
Pleas	se indicate l	ocation:	Top Oil/Gas Pay 45						
D	C B	A		name (or riod. Porm.				
	.		PRODUCING INTERVAL -						
E	F G	н	Perforations 4545	7, 4562-68, 45 Depth	18-4512	Depth			
_		-	Open Hole	Casing	Shoe 9300	Tubing	4723		
	7 7		OIL WELL TEST -				,	Ch	
r	KJ	I	Natural Prod. Test:	bbls.oil,	bbls water	in hrs	,min-	Choke Size	
			Test After Acid or Fra	cture Treatment (after	r recovery of vo	lume of oil e	qual to volu	me of	
M	N O	P	load oil used): 64	bbls.oil,l	bbls water in	24 hrs, no	Chok min Size	Pump	
1	t		GAS WELL TEST -						
660/3 &	1980/W		Natural Prod. Test:	wer/n	we Houre flowed	Chak	a		
	ing and Com	enting Reco							
Size	Feet	Sax							
ſ 	1		Test After Acid or Fra				s rlowed		
10 3/4	439	425	Choke SizeMe	thod of Testing:					
7 5/8	4780	2300	Acid or Fracture Treat	ment (Give amounts of	materials used,	such as acid	, water, oil,	, and	
5 1/2			sand): 6,000 gal	lons 15% acid					
liner	9300	450	Casing Tubin Press Press	Date first oil run to	new tanks 8/1 9/6	62			
	 		Oil Transporter The						
2 3/8	4723		Gas Transporter Sin						
Pemarke:			Gas Transporter						
Meillai as	•	••••							
		• • • • • • • • • • • • • • • • • • • •		••••				•••••	
T L1	اد معمد د		ormation given above is	true and complete to	the best of my	knowledge.			
			, 19	// 100 Albania	ro Explorat	ion, Inc.			
Approved	•••••		, 13	<i>Y</i>	(Company o	or Operator)	,		
Oi	L CONSE	RVATION	COMMISSION	Bytulil	n He				
/	/	1/		•)(Sign	ature)			
Ву:				TitlAgent			well to:		
Tivi	* .	//			Communicatio		wen w.		
1 itie	f.				perating Co				
				Address Citiz	ens Benk Ri	dg., Abile	ene, Texa	<u>s</u>	