|    | UPUCATE | ON          | (Form C-104)<br>Revised 7/1/57 |                |  |
|----|---------|-------------|--------------------------------|----------------|--|
| IJ | REQUEST | FOR (OIL) - | (Gals) ALLO                    | WABLE<br>HOEES |  |

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 duging Batendar 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.

**4**....

|               |             |               |                                    | inbbs. Nev.N<br>(Place) | ierioo           |                    | (Date)           |   |
|---------------|-------------|---------------|------------------------------------|-------------------------|------------------|--------------------|------------------|---|
| EARE          | HEREBY      | REQUESTI      | NG AN ALLOW                        | ABLE FOR                |                  | WN AS:             |                  | ()                                      |
| The (         |             | Company       | s W. A. Maup                       |                         |                  |                    | SE 1/4           | <b>SW</b> 1/4,                          |
| I             | , S         |               | ., T. <b>8 S</b> ,                 |                         | , NMPM.,         | Rivitt-Per         | <b>n.</b>        | Pool                                    |
| Uni L<br>Robe |             |               | County. Date S                     | 7                       | -19-60           | Data Datilian (    |                  | 8-22-60                                 |
|               |             |               | Elevation                          | 5pudded                 | Total [          | Depth              | раприята<br>Рато |   |
| Plea          | se indicate | e location:   |                                    | -                       |                  | Prod. Form.        |                  |   |
| D             | C I         | 3 A           | PRODUCING INTER                    |                         |                  |                    | <u>. 47050 V</u> |   |
| E             | <b>F</b> 0  | H H           | Perforations<br>Open Hole <b>9</b> |                         | Depth<br>Casing  | Shoe 9472          | Depth<br>Tubing  | 9501                                    |
|               |             |               | OIL WELL TEST -                    |                         |                  |                    |                  |   |
| r             | K J         |               |                                    |                         |                  | bbls water in      |                  |   |
| M             | NC          | ) P           |                                    |                         |                  | recovery of volur  |                  | ~                                       |
|               | -           |               | GAS WELL TEST -                    |                         |                  |                    |                  |   |
|               |             |               |                                    |                         |                  |                    | _                |   |
|               |             |               |                                    | est:                    | MCF/Day          | ; Hours flowed     | Choke S          | . ze                                    |
|               | _           | menting Reco  | rd Method of Testi                 | ng (pitot, bac          | k pressure, etc. | .) :               |                  |   |
| Sist          | Feet        | Sax           | Test After Acid                    | or Fracture T           | reatment:        | MCI                | F/Day; Hours fi  | lowed                                   |
| 3 / 9         | <b>b</b> 17 | 350           | Choke Size                         | Method of               | Testing:         |                    |                  |   |
| 13 3/8        | <u></u> /   | 350           |                                    |                         |                  |                    |                  |   |
| 9 5/8         | 4220        | 1.800         |                                    |                         |                  | aterials used, su  | ich as acid, wa  | iter, oli, and                          |
|               |             | 1             |                                    | Tubing                  | Date first n     |                    |                  |   |
| 7*            | 9472        | 200           | Casing<br>Press. <b>Prr</b>        |                         |                  | anks8              | 27-60            | · · · · · · · · · · · · · · · · · · ·   |
|               | 1           |               | -                                  | • • •                   | Germoration      |                    | •                |   |
| 2 3/8         | 9501        |               |                                    |                         | · · · ·          |                    |                  |   |
|               | •           | 80            | allogable.of.                      |                         |                  |                    |                  |   |
| marks:        |             | N             |                                    | Lang - F                | J-7              | 277                | <u> </u>         | 11                                      |
|               |             | •••••         | Kan                                | <u></u>                 |                  |                    |                  |   |
|               |             |               |                                    |                         |                  |                    | •••••            | ••••••••••••••••••••••••••••••••••••••• |
| I here        | by certify  | that the info | ormation given ab                  | ove is true an          | d complete to t  | he best of my know | owledge.         |   |
|               | •           |               | <b>60</b>                          |                         |                  | E.OHIO.OIL.C       |                  |   |
| h             |             |               |                                    | ,                       | $\sim$           | (Company or (      | Operator)        |   |
| ~             | IL CONE     |               | 0 1960<br>COMMISSION               |                         |                  | . 5. 21            | omi              |   |
|               | IL GUNS     | ERVATION      | COMMISSION                         | 1                       |                  | (Signatu           | ire)             |   |
|               |             | 1/ 10         | have !!!                           |                         |                  | t. Superint        | endent           |   |
| :             |             |               |                                    |                         | Title            | Communications     | regarding wel    | ll to:                                  |
| itle          |             |               | meer District 1                    |                         |                  |                    |                  |   |
|               |             |               |                                    |                         |                  | aOhio011.0         |                  |   |
|               |             |               |                                    |                         | AddressBo        | x 2107, Hebb       | s, Nev Mex       | 100                                     |
|               |             |               |                                    |                         |                  |                    |                  |   |

BIST 1.A.G.C.G. Mr. J. A. Orises Nr. L. H. Stearer Nr. D. V. (111 y Nr. T. A. Steels - -Mr. T. O. Mebb Mr. R. <sup>2</sup>. Feather

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