NEW N ICO OIL CONSERVATION COMMIT

(Form C-104) Ravised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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.

			Port North, Texas (Place)				July ; 29, 1963 (Date)			
e are h	EREBY R	EQUESTI	ING AN ALLOW	ABLE FOR	R A WELL KI	NOWN AS				
	npany or Op		• • • • • • • • • • • • • • • • • • • •	(Lease)	, Well No.	2	, i n	E ;	4	.
_	, Sec	-	, T 85 ,		, NMPM.,	Milnes	and Sa	Andro		Pool
	sevelt.		County. Date	Spudded	7=5-63	Date Dr.	Llling Cor	apleted	7-17-6	3
Please indicate location:					Tota		•			3
D (С В	A	Top Cil/Gas Pay		Name	of Frod. Fo.	CD.•	Fan 4	adres .	
		<u> </u>	Perforations	4598	- 4608					
E	F G	H	Open Hole		DepthCasir	ng Shoe	4700	Depth Tubing	4607	
LI	K J	I	OIL <i>H</i> ELL TEST - Natural Prod. T		bbls.oil,	tbls (water in _	hrs,	min.	Choke Size
M N			Test After Acid	i or Fracture	Treatment (afte	er recovery (of volume	of oil equ	al to vol	ume of
		P	load oil used):	109 bb	ls.oil,	bbls_wate:	in 24	_hrs, _		e12
		X	GAS NELL TEST -							
B-5/8 350 250		Test After Acid	i or Fracture	ack pressure, et Treatment: of Testing:		MCF/_	ay; Hours	flowed		
4 1/0	4700	950		e Treatment (Give amounts of	materials u	sed, such	as acid.	water, oi.	, and
4-1/2	4709	350	sand): 2000 Casing Press. 750	Tubing Press. 37	- 35,000 Date first 5oil run to	and. 35.	999 gal	les of		
	i		Gil Transporter							
marke: 1		mactio	Gas Transporter					re ele	nine s	uch
			r future.		111	Ž	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\prec		
			ormation given ab							
			7. 29.,		MAXUELL	eil corr				
OII	, CONSEF	RYATION	COMMISSION		By B. I. M	ller	Signature	KNO	e.	
M				······ ···	Title Supa Send	rintende Communic	nt of I	garding w	ell to:	
le					Name Max	n11 011	Company			

2017 Continentel Matl. Bank Bldg.

Address Fort Worth 2, Texas