Recompte This form shall be submitted by the operator before an initial allowable will be assigned to sup completed in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The all able will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during cales month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delive into the stock tanks. Gas must be reported on 15.025 pia at 60° Fahrenheit. Recomplete Medicate in the case of an oil well when oil is delive into the stock tanks. Gas must be reported on 15.025 pia at 60° Fahrenheit. Recomplete Medicate in the case of an oil well when oil is delive into the stock tanks. Gas must be reported on 15.025 pia at 60° Fahrenheit. Recomplete Medicate in the case of an oil well when oil is delive (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR AWELL KNOWN AS: Recomplete Medicate in the case of an oil well when oil is delive (Date) Recomplete Medicate in the case of an oil well when oil is delive (Date) (Company or Operator) (Lease) (Lease) (Date) (Unit) County. Date Spudded. Determine: 10°, 15% fate Completed Dates and County. Date Spudded. Determine: 10°, 15% fate Completed Dates and County. Date Spudded. Dates and county is deliverable. Recomplete in the case of Prod. Form. Second Action: Medicate location: Medicate location: Medicate location: Casing and County Englishing the colsing shoe of Prod. Form. Second Action:	1101	CAT	N DFOI	MEXICO OIL CONS Santa Fe, 2 JEST FOR (OIL)	ERVATION CONCENTRATION CONCENTRATION CONCENTRATION CONCENTRATION	O? TISSION	a F I	(Form C-104 Revised 7/1/52 New Well
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(Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: United 641 Company of Collifernia Poisson Well No. 4-3 , in 97 (Company or Operator) (Lease) Sec. 3 , T. 159 , R 318 , NMPM., Concrete Completed December 23, 1 County. Date Spudded. December 10, 1375 are Completed December 23, 1 Please indicate location: Elevation. 4477 D.F. Total Depth. 3173. , P.B. 3179 Top oil/gas pay	form C-104 ble will be nonth of co	is to be subn assigned effe ompletion or	nitted in QU ctive 7:00 A recompletio	JADRUPLICATE to the A.M. on date of completion on. The completion date	same District Öf on or recompletions shall be that dat	fice to which Fo	rm C-101 was sent form is filed dur	t. The allor ing calend
WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Medanol 641 Company of Collifornia (Company or Operator) (Lease) Sec. 3 T. 153 R 213 NMPM. Company of Control (Lease) (Unit) County. Date Spudded. Descriptor 10, 13, 13, 14, 14, 15, 14, 15, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14								
(Company or Operator) (Lease) B , Sec. T. 1.358 R. 318 , NMPM., Courrock Greens 1 (Unit) County. Date Spudded. December 10, 1.355 10, 1.355 1 Please indicate location: Elevation Margin 20, 1.355 10, 1.355 1.370 III III IIII County. Date Spudded. December 10, 1.355 1.370 IIII IIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	VE ARE H	EREBY RE	QUESTIN	G AN ALLOWABLE FO	R A. WELL K	NOWN AS:		, ,
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I hereby certify that the information given above is true and complete to the best of my knowledge.	Approved		<u> PFO</u>			(Company o		
I hereby certify that the information given above is true and complete to the best of my knowledge. Approved	011	CONFERM		OMMISSION	Br. R.	ev. Jarl	ero A	1
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Approved DIG G. 19. 19. SHENH OIL COMPANY OF CALLER AND	·	E.U. 1	Lisel					
Approved	SV:							
Approved	y:				Sen	d Communicatio	ns regarding well	to:

Address 619 Nr. Tomos Ave., Midland, Tomos

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