CICO OIL CONSERVATION COMMI ON NEW

(Form C-104) Revised 7/1/57 Santa Fe, New Mexico

REQUEST FOR (OIL) - (CAS) 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					iland, Texas (Place)		February	(Date)
E ARE H	EREBY RI tern D _r i	EQUESTI 11ing Co	NG AN ALLO	OWABLE FOR A Volume of the Control o	WELL KNOWN . , Well No 2::3	AS: , in#	1/4) 1/4
G	, Sec.			(Lease)				
Unit Lett			Courte D	ate Spudded Sept.	24.1959 Date	Drilling Com	nleted Sep (. 29 . 195
			Elevation	4405		3025	PBTD	
Please	indicate l	ocation:		Pay 3011				
D (B X	A	PRODUCING I	NTERVAL -				
E 1	F G	H	Perforation	3011 - 3025	Depth Casing Shoe	3011	Depth Tubing	3005
L 1	K J	I	OIL WELL TE	<u>ST</u> - d. Test: <u>\$</u> bbl	s.oil, 9 bb	ols water in _	Pur 24 hrs,	Choke
M	N 0	P	Test After	Acid or Fracture Trea	tment (after recove	ery of volume	of oil equa	l to volume of Choke
			GAS WELL TE		.1,	rater in		11111
			_ Natural Pro	d. Test:	MCF/Day; Hour	s flowed	Choke S	Si ze
bing ,Cast	ing and Come	nting Reco	rd Method of T	esting (pitot, back p	ressure, etc.):			
Size	Feet	SAR	Test After	Acid or Fracture Trea	tment:	MCF/D	ay; Hours f	lowed
8-5/8"	280	200	J	Method of Te				
5-1/2*	3001	100	Acid or Frac	cture Treatment (Give	amounts of materia	ls used, such	as acid, w	ater, oil, and
			Casing Fress. 3	Tubing Press. 20				
2"	3005		l .	rter Service Pi				
marks:							••••••	
			•••••					
I hereb	y certify th	nat the info	ormation giver	n above is true and	Great Mestern	D_illing	Company	<u></u>
	L CONSE	RYATION	COMMISSI		Offer	Company or Op	erator)	N. Crews
ff)	14/	<u> </u>	Wiffell	Ti	tle Administrat	iave Coord	inator garding we	ell to:
tle		/		Na Na	me Great West			
	7				dress Box 1659			<u></u>

. .