NEW

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ICO OIL CONSERVATION COMMIS)N Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) 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 that. 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° Fahrenhe³.

					enridge,	Texas	12-		•••••
		OURCTH		(Place)	OWN AS.			(Date)	
		-	NG AN ALLOWABLE FOR Ohio State			:-	SW IZ	NW	•/
Com	DARY OF ODE	nator)	(Lease)						•
E Unit Latie	, Sec		., T135, R31E						
Chave	s		County. Date Spudded	11-9-59	Date Dri	lling Gom	iletea []	-15-59	
Please indicate location:		Elevation <u>4423</u> Total Depth <u>3043</u> PBTD Top Oil/Gas Pay <u>3030</u> Name of Prod. Form. <u>Queen Sand</u>							
DC	B	A	Top Oil/Gas Pay <u>3030</u> PRODUCING INTERVAL -	Name o	of Prod. For	m. <u> </u>	en sano	<u></u>	
(Perforations	lone					
EF	G	H		Depth Casing	Shoe	3028	Depth Tubing	3015	
LK	J	I	<u>OIL WELL TEST</u> - Natural Prod. Test: 57	ьы <u>, к</u> , б	b bl		4		hoke
			Test After Acid or Fracture						
MN		P	lest After Acid of Fracture					Choke	
			GAS WELL TEST -						
			Natural Prod. Test:	MCF/Da	ay; Hours fl	owed	Choke S	ize	
Lubing Casi	ng and Cemer	ting Recor							
Size	Feet	Sax	Test After Acid or Fracture				Hers I		
8 5/8"	317	150	Choke SizeMethod					24	
5 1 /011	7020	150	Acid or Fracture Treatment	Give amounts of	materials u	sed, such	as acid, w	ater, oil,	and
5 1/2"	3028 150		sand): 20,000# Sand	and 7,000	gallons	oil			
			Casing Tubing Press. Press.	Date first oil run to	new tanks De	cember	<u>6, 1959</u>	_,	
	+		Oil Transporter Indian						
			Gas Transporter None						
Remarks:				210	/			•••••	··· ·
		••••••••••						•••••	
						l.m.m		•••••••••••••••••••••••••••••••••••••••	
I hereby	certify that	t the info	rmation given above is true	and complete to	dge Corp	oration	eage.		
Approved	ا فياً	<u>10 0</u>	, 19		*******************	any or Ope			•••••
	CONSER	VATION	COMMISSION	By: Cha	des M	M	uttena	rles W.	Smi†l
						(Signature)			
By:	<u></u>	<u>X O</u>	Aller L	Title		uction		ll to:	
(C) = C		-//	n a chuir 🖇	Send	Communi				
Title				Name	Grarid	lge Corp	oration		
		•. •		Address	Box 752	, Breck	<u>(enridge</u>	, Texas	