REQUEST FOR (OIL) - (CAS) ALLOWARD FICE OCCRecompletion

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 togetish form C-101 was ent. 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: eat Western Drilling Company							Midland (Place)	Texas	•••••	August		
State **B** Well No	NE ARI	E HERE	BY RE	OUESTI	NG AN ALLO	OWARLE FO		KNOWN A	s:		(Date)
Company or Operator Clease F										SE	A. NW	1/4.
Please indicate location: D C B A PRODUCING INTERVAL Perforations Open Hole 3033-3052 Depth Casing Shoe 3033 Depth Tubing 3047 OIL WELL TEST - Pumping Natural Prod. Test: 55 bbls.oil, 0 bbls water in 24 hrs, 0 min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls.oil, bbls water in hrs, min. Size GAS WELL TEST - Natural Prod. Test: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): None Casing Tubing Date first new Press. Press. Oil run to tanks Oil Transporter Service Pipe Line Company Gas Transporter Gas Transporter Service Pipe Line Company	((Company	or Ope	rator)		(Lease)						
Please indicate location: Column	Unit	Letter	, Sec	Z	, T=1.2::S	, R. 32 -K.	, NMPM.,	<u>u</u>	aprock (ween	•••••••	Pool
Top Oil/Gas Pay 3033 Name of Prod. Form. Queen PRODUCING INTERVAL - Perforations Open Hole 3033-3052 Depth Casing Shoe 3033 Depth Tubing 3047 OIL WELL TEST - Pumping Natural Prod. Test: 55 bbls.oil, 0 bbls water in 24 hrs, 0 min. Size Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls.oil, bbls water in hrs, min. Size GAS WELL TEST - Natural Prod. Test: MCF/Day; Hours flowed Choke Size Method of Testing (pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): None Casing Tubing Date first new oil run to tanks Out 15.5 / 1259 Oil Transporter Service Pipe Line Company Gas Transporter		•••••	Les	·····	County. Da	te Spudded	luly 31, 19	59 Date	Drilling Go	mpleted A	ugust 6	. 195
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I hereby certify that the information given above is true and complete to the best of my knowledge. Great Western Drilling Company (Company or Operator)			1.	· · · ·	:			0.10	•		V C-	aire.
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