CO OIL CONSERVATION COMMISSALA Santa Fe, New Mexico

(Form C-164) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLES OFFICE ON Well OR Completion

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 year. 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 deliv-

ned into	ine stock tank	is. Qas mu	Breckenridge, Texas	
WF ARF	HERERY RI	EOUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
			Morgan State , Well No. 4 , in NW	NE .
(Company or Operator)			(Lease)	
E Vet L	Sec.	17	T. 13S , R 32E , NMPM, Caprock Queen	Pool
UNIT I				
			County Date Spudded 11-2-59 Date Drilling Completed 1 Elevation 4371 DF Total Depth 3070 PBTD	
Plea	ase indicate le	cation:	Top Oil/Gas Pay 3060 Name of Prod. Form. Queen Sa	
D	C B	A	PRODUCING INTERVAL -	
			Perforations None	
Eo	F G	H	Open Hole 3057-3067 Depth Casing Shoe 3057 Tubing	3038'
L	KJ	I	OIL WELL TEST -	Chalia
~		*	Natural Prod. Test:bbls.oil,bbls water inhrs,	Choke min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equ	al to volume of
M	N C	P	load oil used): 5 bbls.oil, 50 bbls water in 24 hrs, —	Choke _minSize
			GAS WELL TEST -	
60° FW	/L 1980	o' FNL	Natural Prod. Test: MCF/Day; Hours flowed Choke	Size
tubing Ca	sing and Ceme	nting Reco		
Sire	Feet	SAR	Test After Acid or Fracture Treatment: MCF/Day; Hours	
			Choke SizeMethod of Testing:	110460
8-5/	8'' 307'	150		
5 1 "	3063	150	Acid or Fracture Treatment (Give amounts of materials used, such as acid, w	water, oil, and
			sand): 15 000# sand 8000 gallons oil Casing Tubing Date first new	
			Casing Tubing Date first new Press. — oil run to tanks 2-29-60	
			Oil Transporter Indiana Oil Purchasing Co.	570 1
			Gas Transporter None	
lemarks:				<u> </u>
			3777 3379	

l here	by certify tha	at the info	ormation given above is true and complete to the best of my knowledge.	
pproved	بربين		,19 Granidge Corporation	
		•	(Company or Operator)	<i>l</i>
O	IL CONSER	VATION	COMMISSION By: Charle (Signature) Charl	
M				es w. smitt
y: []	1-1-1-16		Title Production Clerk	ell to:
itle		z/	Send Communications regarding we	CH W
	······································		Name Graridge Corporation	
			Address Box 752, Breckenridge,	Ţexas