## 

(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 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.

			(Place)	nary 24, 1
		-	ING AN ALLOWABLE FOR A WELL KNOWN AS:	
	mpany or O		any John Shulta , Well No 6 , in EE 1/4	S <b>E</b>
,	• •		, T125, R37E, NMPM.,Gladiola	Pool
Unit La	tter			
Les			County. Date Spudded 12/6/57 Date Brilling Completed 2	
Pleas	se indicate	location:	Elevation 3675 Total Depth 110121 PBTD 1103	
D	C B	A	Top Oil/Gas Pay 11667 Name of Prod. Form. Dercation	
			PRODUCING INTERVAL -	
E	F G	н	Perforations 11911 = 11927 Depth Depth	
E		·   • • •	Open Hole Casing Shoe Tubing	
			OIL WELL TEST -	
L	K J	I	Natural Prod. Test: 122 bbls.oil, 6 bbls water in 13 hrs, 36	Choke
		I I	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to	
M	N O	P	load oil used):bbls.oil,bbls water inhrs,min.	Choke
				51Ze
		<u>.l</u> i	GAS WELL TEST -	
	<u>.</u>		Natural Prod. Test:MCF/Day; Hours flowedChoke Size_	
bing ,Cas	ing and Com	enting Reco	Method of Testing (pitot, back pressure, etc.):	
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flower	d
2 2 /2 204 21			Choke Size Method of Testing:	
3-3/8	308	375		
8-5/8	4475	2200	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water	, oil, and
			sand):  Casing Tubing Date first new  Press Press oil run to tanks of the first new	
5-1/2	11942	150	Pressoil run to tanks2/23/56	
	22004		Cil Transporter Service Pipe Line General	
2	11918	<u> </u>	Gas Transporter	
narks:				
				•••••
I hereb	n certifu th	at the info	ormation given above is true and complete to the best of my knowledge.	
<i>1</i>	••••••		(Company or Operator)	
Ωī	I. CONSE	RVATION	COMMISSION By: LL& Salter	
<i>J</i>	z conaçi	κτ <u>α 110</u> Ν	(Signature)	
2	1 11	TAR	Title District Superintendent	
*************			Send Communications regarding well to	:
e			NameCSalter	
Orig &	3 66:	OCC PUD LITER	n Mia	
	401	PHR, HFI	Address 520 Rast Broadway Hebbs Hew-	Merci-co-