(OIL) - (IT) ALLOWBABIOEFICE OCC New Well

Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed after Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office 354 ARR 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				(Place)	NON MOXIO	e Apri	(Date)
moli	14 O11	and Gas	G AN ALLOWABLE Company - Los	is. Vingerd No		in	/4 <b>SE</b> 1/
(Com	pany or Ope	erator)	(Le T12-8 , R-37	ase)		Gladiela	Po
(Unit)							
	Lea		County. Date Spudde	ed 11-29-53	, Date Com	pleted	-54
Please	indicate k	ocation:			•		
i		,	Elevation.	3446! Total I	Depth. 12,016	P.B	11,968
			Top oil/gas pay	11,641	Top of Proc	d. Form	790
			Casing Perforation	ons: 11,709 \$	0 11,872		
	×		Depth to Casing	shoe of Prod. String	12,01	5	
			Natural Prod. Tes	st			ВОР
			based on	bbls. Oi	l in	Hrs	
			Test after acid or	shot	211.		ВОІ
Casing a	und Cementi Feet	ng <b>Reco</b> rd Sax	Based on 211.	bbls. Oi	l in24	Hrs	Mi
		202	Gas Well Potenti	ial			
	3031	225	Size choke in inc	hes. 64/64*			
-5/8	4482'	250	Date first oil run	to tanks or gas to I	ransmission syste	em: 4-7-	14
	12004	610		ng Oil or Gas: <b>Ser</b>			
			Transporter unit	.g	•	·	. •
narks:			•				
				Amo and samples	to the hest of my	knowledge	
			mation giver: above is		nd Oil and	l Gas Com	PANY
novea		en € Time	**************************************	_L	(Company	or Operator)	•
OII	L CONSER	RVATION (	COMMISSION	Ву: Л. Д.	Hyden (Sign	ALAKO	P
Ø	40	Stanle	<u> </u>	Title	eld Superi	int and ent	cell to:
	V	<i></i>	trict 1		nelimi Cil		
		•	<u> </u>				
				Address Box	68 - Hobi	s, new A	9X7.66

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