

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.

Dallas, Texas
(Place)

January 3, 1961
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

H. S. Moss
(Company or Operator)

D. P. Peck
(Lease)

Well No. 4, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,

N, Sec. 26, T. 12S, R. 37E, NMPM, Southwest Gladiola Devonian Pool

Lea

County. Date Spudded 10-7-60 Date Drilling Completed Dec. 10, 1960

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3894 KD Total Depth 12225 FSTD 12222

Top Oil/Gas Pay 12203 Name of Prod. Form. Devonia

PRODUCING INTERVAL -

Perforations 12203 to 12217

Open Hole _____ Depth _____ Casing Shoe 12225 Depth _____ Tubing 12189

OIL WELL TEST -

Natural Prod. Test: _____ bbls, oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 265 bbls, oil, 0 bbls water in 24 hrs, _____ min. Size 8/64 Choke

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 (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new _____
Press. 1-kr Press. 675 oil run to tanks Dec. 28, 1960

Oil Transporter Indiana Oil Purchasing Co.

Gas Transporter Sinclair

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8</u>	<u>451</u>	<u>450</u>
<u>8-5/8</u>	<u>4525</u>	<u>500</u>
<u>5-1/2</u>	<u>12225</u>	<u>800</u>
<u>2</u>	<u>12189</u>	<u>Tbg</u>

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

H. S. MOSS

(Company or Operator)

OIL CONSERVATION COMMISSION

By: John M. Little, Jr.
(Signature)

Title: Supt.
Send Communications regarding well to:

Name: H. S. Moss

Address: 1503 First National Bank Bldg.

By: _____

Title: _____

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