## 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.

				Pate)
WE A	RE HE	EREBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
	( Com	pany or Up	erator)	S.P. Johnson, et al., Well No. 2 , in NW 1/4, NW 1/4,
.D	alt Lette	, Sec.	17	T. 12S , R. 38E , NMPM, Gladiola Pool
Lea.	•••••	······································	***************	County. Date Spudded June30, 1957 Date Drilling Completed Sept. 8, 1957
Please indicate location:				Elevation 3880 KB Total Depth 12005 PBTD PBTD
<b>a</b>	C	B	ВА	Top Oil/Gas Pay 77007 Name of Prod. Form. Devonian
•				PRODUCING INTERVAL -
E	F	G	H	Perforations Depth Depth
-				Depth Depth Open Hole 51 Casing Shoe 12000 Tubing 11985
L	K	J	I	OIL WELL TEST -
"	^			Natural Prod. Test: 201 bbls.oil, 6 bbls water in 21 hrs, min. Size 9/61
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N	0	P	Choke load oil used):bbls.oil,bbls water inhrs,min. Size
				GAS WELL TEST -
		-		Natural Prod. Test: MCF/Day; Hours flowedChoke Size
Tubing	,Casin	ng and Ceme	nting Recor	
Si	ire .	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
72	3/8	3/10	350	Choke SizeMethod of Testing:
13	<del>-2/ q</del>	344	350	
8	5/8	4600	1750	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
بر ا				sand):  Casing Tubing Date first new  Press. Press. oil run to tanks
<u>ځ</u>	1/2	12000	200	
2		11989	None	Con Transporter Service Pipeline Co.
Remar	ka:			Gas Transporter None
			*******	
I	hereby	certify th	at the info	mation given above is true and complete to the best of my knowledge.
Approx	red			
••				(Company or Operator)
	OIL	CONSER	VATION	COMMISSION By: Signature)
•		7	7-	
Бу:	•••••••••			Title Production Superintendent Send Communications regarding well to:
Title	••••••	••••••••••••	<i>::</i>	NameHancock.011Company
				Address COO W Tax Ave Wildland Texas