This form shall be submitted by the operator before an initial allowable will be assigned to any completion or Gas well.

Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which the same of the

WE ARE HEREBY REQUESTING AN ALLOWABLE F  Stanolind 011 and Gas Company, John W. Hous  (Company or Operator) (Leas  L. , Sec. 19 , T. 12-8 , R. 38-1  (Unit)	sten B, Well No. 1, , in in 1/4 SW
(Company or Operator)  (Company or Operator)	sten B, Well No. 1, in NN 1/4 SW
L Sec. 19 T. 12-8 R 38-1	ie)
R I	R No. con c
Lea County. Date Spudded	10-24-56 Date Completed 1-29-57
Please indicate location:	•
Elevation 3887	RDB Total Depth 11,971 Recomp B 11,963
	11,908 Name of Prod. Form. Devonian
	11,908-11,915, 11,923-11,953 w/2 shots per
	oe of Prod. String
	BC
	bbls. Oil in
ee 30 8 30 0 n oo n	
Casing and Comenting Record	BCBC
Size Feet Sax Based on	bbls. Oil in 24 Hrs. M
3-3/8" 301 325 Gas Well Potential	
9-5/8 4461 690 Size choke in inches	16/64"
7 9806 300 Date first oil run to t	tanks or gas to Transmission system: 1-27-57
	Oil or Gas: Service Pipe Line Company
marks. Well recompleted in Devenian Formation	
	f

Address Box 68

Hobbs, New Mexico