(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.

ilea iiie	o die so		•=	Place) Paras by 25, 1999 (Date)	••••
WE 40	r WEDI	DV DF	OUFSTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	
TO EEL	C TENI	SDI KE	\mathcal{I}	Ba , Well No 1 , in 5 1/4 5	.1/4,
2.15c\$-2 6c 0	(Compan	y or Oper	ator)	(Lesse)	
P		, Sec.2	7	(Lease) T. 12-S , R , NMPM , Ullicot F	Pool
Leve :	County			County Date Spudded 3-7-57 Date Drilling Completed	
		dicate lo		Top Oil/Gas Pay 10,291 Name of Prod. Form. PBTD	
D	C	В	A	PRODUCING INTERVAL -	
			77	Perforations 10,290 - 10,330 10,360 - 10,368	
E	F	G	H	Open Hole Casing Shoe 10.361 Tubing 10.35;	
L	K	J	I	OIL WELL TEST - Ch Natural Prod. Test: bbls.oil, bbls water in 2 hrs, min. Si	oke zei
М	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume Choke load oil used): 25 bbls,oil, bbls water in 21 hrs, 30 min. Size	
	-"		X	GAS WELL TEST -	
				Natural Prod. Test: MCF/Day; Hours flowed Choke Size	
	Contra	and Comer	ting Reco		
Siz	•	Feet	SAR	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed	
	3/8	120	 350 _	Choke Size Method of Testing:	
				Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil,	and
					-
5-	1/2 10	,360•	300,25	Casing Tubing Date first new Press. Productions. 2000 oil run to tanks by 21, 1959	
				Oil Transporter Service Pipeline Company	
				Gas Transporter Intelligible	
Remark	ks :				
			• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · ·
ī	hereby c	ertify tha	at the inf	nformation given above is true and complete to the best of my knowledge.	
		eg 2		, 19 22 J. C. BAPN S OTL CO PAST (Company or Operator)	
	OIL C	CONSER	VATIO	ON COMMISSION By: (Signature)	
			(//		
By:		1. 1.		Title Send Communications regarding well to:	
Title				Name J. C. BARRS OIL COPPART	
				Name Sox 505, Midland, Texas	
				Address	