## (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 QUADRUPISICATE 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

		-	ING AN ALLOWABLE FOR A WELL KNOWN AS:  Well No. 10 jn 25 88 1/4	TR.
	mpany or Op	erator)	(Lease)	
	Sec.	15	T. 17 R 88 NMPM., WALJANAP	1
Unit Lot	iter -			
· ·· ··· <b>1.1</b>	<b>4</b>		County. Date SpuddedJun 30.1061 Date Drilling Completed	
Pleas	se indicate l	ocation:	Elevation Total Depth 188 PBTD	
5 T	C B	A	Top Oil/Gas Pay Name of Prod. Form.	<del></del>
			PRODUCING INTERVAL -	
		- I	Perforations 8926to 8942. 4672 70 4662	
	F G.	H	Open Hole #0 Depth Casing Shoe 199 Tubing	5900
,	K J	I	OIL WELL TEST -	Ch
			Natural Prod. Test: hrs, bbls.oil, bbls water in hrs,	min. Si
,	N O	<del> </del>	Test After Acid or Fracture Treatment (after recovery of volume of oil equal	to volume
	N O	P	load oil used):bbls,oil,bbls water inhrs,m	in. Size
	İ		GAS WELL TEST -	
			Natural Prod. Test: MCF/Day; Hours flowed Choke Si	
ng Cae	ing and Ceme	nting Reco		
Size	Feet	Sax	the state of the s	
	т		Test After Acid or Fracture Treatment: MCF/Day; Hours fl	owed
1 1/1	208	200	Choke SizeMethod of Testing:	
	4190	226	Acid or Fracture Treatment (Give amounts of materials used, such as acid, wa	ter, oil, a
-	1		sand): 20000 CAL, REFTEDR OTL, SECON LIS, SAND	
2 3/8	2000		Casing Tubing Date first new	<del></del>
			Press. 550 Press. 410 oil run to tanks MILY 20. 1961	<del></del>
			Gil Transporter TETAS & NEW MERISO PIPE LINE CO.	-··-·
	Burn Te 1		Gas Transporter	<del></del>
arks:	PHIS IS I		MASS PRILLIPS WILL PUT LIN IS TO TAKE THE CAS	
	••••••••••	•••••		
		••••••		,.
I hereb	y certify th	at the info	ormation given above is true and complete to the best of my knowledge.	1//
roved		······	19 BOLLER & FIGHOR LUTY///	11
			(Company or Operator)	
ΟÌ	L CONSER	CVATION	COMMISSION By: O.L. McCUTCHECH	
			(Signature)	
سراً المسلم	2/	<u>/ &lt; ,                                   </u>	Title SUPT.	
·		. 6	Send Communications regarding well	to:
•••••	••••••••••••	······	NameBOLLER & BICKGS	