## NEW EXICO OIL CONSERVATION COM

(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (CAS) 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.

WE AR	RE HER	EBY RI	EOUESTI	NG AN ALLO		Hobbs, New M (Place) R A WELL KI			Decen	(Date	
Dr	Compa	ny or Ope	oloratic	n Company,	Inc. Jo	hns B Well No.	8	, in	NW	14 <b>NE</b>	<b>!¼</b> ,
Uni	Unit Letter			, T. <u>.173</u>	T. 175 R. 325 NMPM.,			Maljanar Pool			
		<b>Lea</b> ndicate k		County. Dat Elevation	e Spudded. L	<b>1–19–5</b> 8 Tota	Date Dri	lling Com	pleted	12-2-5	8
				Top Oil/Gas P	ay 4150	Name	of Prod. For		Gravbu	<u>4))0</u> rg	
D	C	B		PRODUCING INT	ERVAL -					<u> </u>	
E	P	G.	H			4168-74. 41 Depth Casir		59	Depth	4115	
L	K	J	I	OIL WELL TEST	-	bbls.oil,			_		
M	N	0	P	Test After Ac	id or Fracture ): <u>50.94</u> bl	e Treatment (afte	r recovery o	f volume	of oil ea	ual to volu	ime of
Sire 10 3,	/4	176 359	ting Record Sax 175 400	Method of Tes Test After Ac Choke Size Acid or Fractu sand): <b>500</b>	ting (pitot, ) id or Fracture Method  re Treatment <b>ral. reput</b>	MCF/D back pressure, et of Treatment: of Testing: (Give amounts of ar: 30.000 Date first oil run to	c.): materials us	MCF/D	ay; Hours as acid,	flowed water, oil	, and
						New Mexico I					
lemarks				Gas Transporte		•	•••••••		· · · · · · · · · · · · · · · · · · ·		
pproved	d	•••••	•••••	<u></u>	, 19	and complete to Drilling &	Explore	ny knowle tion Co ny or Oper	mpany.	Inc.	
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ïtle	******			ن. د.		Name Drilli		•	•		<b></b> .
						Address Box	2075	lobba.	New Me	d	