HL SER OF COP. SRECEIVED					n C-104) d 7/1/57		
FILE U.S.G.S. LAND OFFICE				REQUEST FOR (OIL) - (GAS) ALLOWABLE			
TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR				HOBBS OFFICE OCC New V			
Form Cable will month of	-104 is t I be assi of comp	o be subi gned effe	mitted in Q ective 7:00 r recomple	by the operator before an initial allowable will be assigned to any completed Oil or G QUADRUPLICATE to the local District Office to which Form C-101 was sent. The O A.M. on date of completion or recompletion, provided this form is filed during of etici. The completion date shall be that date in the case of an oil well when new oil st be reported on 15.025 psia at 60° Fahrenheit.	e allow- calendar		
				<u>Micland, Texas</u> (Place) (Date			
	LOB O	il Prop ny or Ope	erties,	NG AN ALLOWABLE FOR A WELL KNOWN AS: Inc. Pura-State Well No. 1 , in SW 14 M (Lease)	<u>E</u> 1/4,		
G	k Lotter	, Sec	15	, T. 16S , R 33E , NMPM., Undesigneted	Pool		
·····		a		County. Date Spudded. 4-27-62 Date Drilling Completed 5-7-62			
Please indicate location:				Elevation 4202 GLTotal Depth3972 PBTD 3962			
D	C	В	A	Top Oil/Gas Pay <u>3927</u> Name of Prod. Form. <u>Penrose Cueen</u> <u>PRODUCING INTERVAL</u> -			
E	F	G	H	Perforations			
L	K	J	I	OIL WELL TEST - Natural Prod. Test:bbls.oil,bbls water inhrs,min			
М	M N O P		P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to vo Ch load oil used): <u>14</u> bbls.oil, <u>1.2</u> bbls water in <u>24</u> hrs, <u>0</u> min. Si	iume of ioke ize PulinD		
1980 N & E		/	GAS WELL TEST - Natural Prod. Test:MCF/Day; Hours flowedChoke Size				
Tubing	(Foor	AGE) and Geme	nting Recor				
Size Feet Sax			Test After Acid or Fracture Treatment:MCF/Day; Hours flowed				
8-5/8	3	290	275				
4-3./2	? 3	972	195	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, o sand):20,000 pair, oil & 30,000 sand	11, and		
2	3	93. 7		Casing Tubing Date first new Press. 25 Press. 0 oil run to tanks 6-27-62			
				Oil Transporter The Permian Corporation			
				Gas TransporterNONE			
Remark	cs :	••••••	•••••••••••••••••••••••••••••••••••••••				
	•••••		·····				
II	hereby c	ertify th	at the info	ormation given above is true and complete to the best of my knowledge.			
Approv	red			DOB Oil Properties, Inc.	****		
				N COMMISSION By: Signature)			
/	/			Send Communications regarding well to:	Title <u>forenti</u> Send Communications regarding well to: Name <u>DOB 0il Properties</u> , Inc.		
Title			•••••	Name DOB 011 Properties, Inc.			

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