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.

			Hobbs, New Mexico July 27, 1959 (Place) (Date)
		-	ING AN ALLOWABLE FOR A WELL KNOWN AS:
PAIR (Co	ompany or Ot	ST S1	te of New Maxico , Well No. 1 , in SW 1/4 IN 1/2
	• •		T. 17 , R. 33 , NMPM., Undesignated (Maljamar Est) Po
Unit La	ster		
100		····	County. Date Spudded 6/4/59 Date Drilling Completed 6/27/59
Plea	se indicate	location:	Elevation 189 GL Total Depth PBTD
D	C B	A	Top Oil/Gas Pay 4240 Name of Prod. Form. Crayburg
			PRODUCING INTERVAL -
E	F G	H	Perforations 4240-4614369-9514325-31:4370-64:4390-96
*			Open Hole Casing Shoe ASS Tubing ASSO
			OIL WELL TEST -
r	K J	I	Choke Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
	·		Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	Choke load oil used): bbls.oil, bbls water in hrs, min. Size
			·
	** * * **		GAS WELL TEST -
	- N & 660		Natural Prod. Test: MCF/Day; Hours flowedChoke Size
_ *	ing and Cem		Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8-5/2"	2601	135ex	Choke Size Method of Testing:
3-1/20	44781	170 1	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
-		1	sand): A1000 cal. ST/C.000 cal oil 60,000 cand Casing Tubing Date first new
w_ seg	a water.		Press. Press. Press. oil run to tanks 7/33/39
			Oil Transporter Terms News Mercies Pipe Man Co.
	<u> </u>		Gas Transporter
lemarks:	•••••••	••••	Packer oot at 42471
	• • • • • • • • • • • • • • • • • • • •	••••••	
· · · · · · · · · · · · · · · · · · ·			
I hereb	y certify th	at the info	ormation given above is true and complete to the best of my knowledge.
pproved		1 1	, 19 PAIR OIL COMPANY
• •		77	(Company or Operator)
OI	L CONSEI	RVATIÓN	COMMISSION / By: Mike McDonald
1		1/1/2	(Signature)
y Cl		7 1970,	Title Title
'i+la	្នីរាជនាក់ ១៩		Send Communications regarding well to:
1.11E		<i>j.j</i>	Name 532 S. Chilton St. Tyler, Teme