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.

					Midland, (Place)	Texas Se	tember 13,	1957 (Date)	
E AR	E HER	EBY RE	QUESTI	NG AN ALLOWABLE	FOR A WELL I	KNOWN AS:			
(Company or Operator)				(La	ease)			•	
Unit	B	, Sec	17	, T 17-8 , R 3	3-E, NMPM.,	No.L. am	17	Poc	
· · · · · · · · · · · · · · · · · · ·	Lea			County. Date Spudde	d7-25-57	Date Drillin	g Completed	8-17-57	
Please indicate location:				Elevation 120	То	tal Depth	1, 18 РВТО		
D	C	В	A	Top Oil/Gas Pay 4	2 26 ' Na	me of Prod. Form.	Craybur	<u> </u>	
		x	"	PRODUCING INTERVAL -					
	-			Perforations	359 - 42261				
E	P	G	H	Open Hole	De Ca	eth sing Shoe	Depth Tubing	1128.QE	
				OIL WELL TEST -		•••			
L	K	J	I	Natural Prod. Test:	Ma bhls.oil.	hhls water	in hre.	Choke	
				Test After Acid or Fra					
M	N	0	P			•	,	Choke	
				load oil used): 18	DD18,011,	DDIS water in	24_hrs,0	min. Size 13	
		<u> </u>	<u> </u>	GAS WELL TEST -					
			·	_ Natural Prod. Test:	MC:	F/Day; Hours flowed	Choke	Size	
ihing	Casing a	and Cemen	ting Reco						
Size Feet Sax				Test After Acid or Fra				£1 award	
				1					
8-5	/8 = 2 8	3.32	225	Choke Size Me	thou of restring.				
<i>-</i> ,	/a = 1.1		o med	Acid or Fracture Treat	ment (Give amounts	of materials used,	such as acid,	water, oil, and	
<u> </u>	<u>/2" .].</u>	10-0	275	sand): 20 000 cml	refined of l	_10_000# aand	A-0-000-		
		1		Casing Tubin Press. 1 0004 Press	-				
				Oil Transporter Te		-			
				Gas Transporter		-	oember0.		
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mark.	3:		• • • • • • • • • • • • • • • • • • • •						
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		••••••		***************************************					
I h	егеbу се	rtify tha	t the info	ormation given above is	true and complete	to the best of my	inowledge.		
prove	d	······	***************************************	, 19	****	Marphy H Bass	r Operator)		
						Contraction (Contraction)		<u> </u>	
	OIL C	ONSER'	VATION	COMMISSION	Ву:	(Sign	ature)		
		J-/		Enally 1	/_	(- 3	•		
1: Marie Mar					TitlePe	troleum Engin	ns regarding w	vell to:	
tle			•		 Name	Marphy H. Bax	ter		
					ممسادات	209 North Big	SominaM	idland. Ter	
					Address	WAY.''MAY MIT '' DAFR	·	TOTAL TO	