## REQUEST FOR (OIL) - (GAS) ALLOWABLES OFFICE 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-10 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.

					Robbs, New Maxico (Place)			(Date)		
ennes:		ransmiss		OWABLE FOR State "B" (Lease)				SN 1	4 IW 1/4	
			T -16-8	R -34-E	NMPM		Undesig	mated	Poo	
Unit L	etter		County. Da	ate Spudded	/13/57	Date 1	Drilling Go	mpleted	11/13/57	
Plea	ase indicate	location:		4114.8					11300	
D	C B	A	Top Oil/Gas	Pay 11180 MTERVAL -	Name	of Prod.	Form.	CTREO	······································	
	F G	H		, 11180 none		ng Shoe	11594	Depth Tubing	11083	
١ ١			OIL WELL TE			ig dive				
	K J	I	Natural Pro	d. Test: Bone		-				
M	N O	P		Acid or Fracture ed): <b>240</b> bb						
Size 3 3/8' 3 5/8'	Feet 337	Sax	Test After Choke Size Acid or Frac sand):	Acid or Fracture  Method  cture Treatment  Tubing Press. 2	of Testing: (Give amounts of	material:	MCF/	/Day; Hours	flowed	
沙"	11701	490		rter Gulf Ro						
2 3/8	11983	-	1	rter						
I here	eby certify	that the info	ormation given	above is true		SSEE GA		CISSION (	COMPANY	
c	OIL CONSI	ERVATION	COMMISSI	ON	Ву:	ANX)	npany of O	e)		
: <i>(</i> ,		7-//	Mi					n Superi	ntendent ell to:	
le	<i>!</i>		•••••••••		Name. Tenn	essee G	es Tran	mission	Company	
					AddressBox.	2544, H	obbs,K	ew Mexic	<b>.</b>	