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

REQUEST FOR (OIL) - (CDS) ALLOWABLE

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,		o June 5, 1959			
WE ARE	HERERY RI	EOUESTI	ING AN ALLO	OWABLE FO	•	•	ς.		(Date)	
	ll Corpore	•				No. 3		W ,	, SE	1/4
1C	omnany or One	rator)		(Lesec)						
Just L	Sec	3	T. 15-8	, R. 37-5	_)	Poo
	Le	•	County. Da	ate Spudded		Date Peccus Date D	ileted 6	a5a59		
	ase indicate lo					Total Depth				
		T	Top Oil/	Pay 9291		Name of Frod. F	orm. Wol	feem		
D	CB	A	PRODUCING I	VTERVAL -				-		
			Perforations	9291 -9 9	9307-3	11, 9324-2	91. 9331	-391 &	9341-45	
E	F G	H				Depth Casing Shoe		Conth	_	
			OIL WELL TES							
L	K J.	I	- 		1112	11.7				oke
			•	-		bbls				_
M	N O	T P				(after recovery				
					bls, 011,	bbls was	ar in <u>ZH</u>	hrs, 🕳	_min. Size	<u>z</u>
36501	FEL & 23	101 Per	GAS WELL TES							
1050		TO. 190	Natural Proc	d. Test:		MCF/Day; Hours	flowed	Choke	Size	
•	sing and Cemer	_	rd Method of Te	esting (pitot,	back pressure	e, etc.):				
Size	Feet	Sax	Test After A	Acid or Fractur	e Treatment:		MCF/Da	y; Hours	flowed	
13-3/6	3441	400	Choke Size_	Method	of Testing:					
15		03.50	Acid or Frac	ture Treatment	(Give amount	s of materials	used, such	as acid,	water, oil,	and
9-5/8	46971	2150	sand):	0.000 #8]#	154 HE -	e1d	:			
7=	12,677	660	Casing Press.	Tubing	00- Date f	first new un to tanks	June 2.	1959		
0.0/6	401.00		Cil Transpor	ter	000/	ng Co.		. 		
2-3/8	9347					fining Co.				
Remarks:			- Gas Transpor	.cer						
icinai as			********							
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I here	by certify tha	it the info	rmation given	above is true	and comple	te to the best o	f my knowle	edge.		
Approved	, bores, a			. 19	*	Gulf O	il Corpor	retion.		
ipproved			••••••	, 20		(Com	pany or Oper	rator)		
O	IL CONSER	VATION	COMMISSIO	ĎN ,	Ву:					
•	•*·		/	1/2			(Signature)	Day 6		
By:	Emple of the State	, <u> </u>	<u> </u>	<u>/</u>	Title	Send Commun	otroloum			
Γitle										
	,	/			Name		il Corpe			
					Address	Box 21	67, Robi	be, No.	Hexico	

• $(\mathbf{r}_{i}, \mathbf{r}_{i}) = (\mathbf{r}_{i}, \mathbf{r}_{i}, \mathbf{r}_{i}) + (\mathbf{r}_{i}, \mathbf{r}_{i}, \mathbf{r}_{i}, \mathbf{r}_{i}, \mathbf{r}_{i}, \mathbf{r}_{i}, \mathbf{r}_{i})$. •