REQUEST FOR (OIL) - (GAS) ALLOWABLE

OWABLE New Well HUBBS OFFILE OUR 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

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WE AK	.E HER!	EBY RE	QUESTI	NG AN ALLOV	VABLE FOR	A WELL KNO	OWN AS:		. #4	
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D	С	В	A	Top Oil/Gas Pa	у	Name o	f Fred. Form	Geron ar		
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				OIL WELL TEST						
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				GAS WELL TEST		3,011,	THE A MARCEL IN	<u> </u>	min. Size_ <u>-/g</u>	
		<u> </u>	IJ							
	0- 4					MCF/Day				
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	·			ł		Treatment:		MCF/Day; Hours	flowes	
	7.0 83C	3:	232	Choke Size	Method o	f Testing:	·			
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				guon given a		ila complete to o	•	•		
pprove	u		************		, 13		(Company o	or Operator)		
	OIL CO	ONSER'	VATION.	COMMISSION		Bv:	en e	٠) ۽	1.1.5.19	
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