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

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

						Convell, Lev	``oxico	7 - 12 -62
WE AR	E HER	EBY RI	EQUESTI	NG AN ALLOWAB	SLE FOR	` '	AS.	(Date)
								······································
	Compan	iy or Ope	rator		(Lease)			·
	1 Letter	, Sec	<u>15</u>	, T15-L, R	eries estados e Contratos estados esta	, NMPM.,		render Pool
<u>1</u> .	ea Cc	ntg,	e	30. County. Date Spu	ıdded	Date Date	Drilling Com	pleted 7-6-62
Please indicate location:				Elevation 371	3	Total Depth	12,559	FMID 12,502 Ft.
D	l c	В		Top Oil/Gas Pay	<u> </u>	Name of Frod.	Forma	v sázn
			A	PRODUCING INTERVAL				
<u> </u>		<u> </u>		Perforations 7	2018), tr	one de la comitation d	100	
E	F	G	H	Open Hole		Depth Casing Shoe	30.060	Septh Tubing 12,730, 78
				OIL WELL TEST -		3031119 31100	<u> </u>	
L	K	J	I					Choke
								Choke hrs, min. Size
M	N	0	P					of oil equal to volume of Choke
		Х			bbls.	oil,bbls w	water in <u>17</u>	Choke hrs, <u>7. min. Size 11/6</u>
		<u> </u>		GAS WELL TEST -				
				Natural Prod. Test:	:	MCF/Day; Hour	s flowed	Choke Size
			ting Recor	d Method of Testing ((pitot, back	pressure, etc.):		
Size	·	Fret	Sax					ay; Hours flowed
13 3/	/2 1	171	<u>63 m.</u>	1				
-27	<u> </u>	*						
9 5/	<u>/8 4%</u>	26.43	<u> 51 0.</u>	İ				as acid, water, oil, and
5 1/2) 1.	2, 352	58 0	Casing Tu	ubing	Date first new	cal_scid	
3 -/1	- 1.5	~ ,) -	- JJ	PressPr	ress.	oil run to tanks	7-11-62	
2 1/2	,	721.4						
			······	Gas Transporter	.cne pe	<u> </u>	 	
.xemarks	:					·····		
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				••••••••••••••••			••••••••••••••••	
				mation given above		complete to the best	of my knowl	edge.
Approve	d	• • • • • • • • • • • • • • • • • • • •		, 19	··············	Original Signed	elining Oc	
	011 00	Sterni	/	001/11/201011	_	A. D. Klexin	inpan, or ope	rator y
	OIL CC	JNSERY	VATION (COMMISSION	В.	A. D. Klexin	(Signature)	
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Title	************							
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					å	Street Box 1076	<u>റയോകി</u>	Maria di produzioni il minima il minima il minima di produzioni di produ