(Form C-104) Ravised 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			ING AN ALLOWABLE FOR A WELL KNOWN AS:
	npany or Ot		und Fig. Well No. 4, in SW 1/4 NE 1/4,
G (	Sec	29	T-17-S R-33-E NMPM, Maljamar Pool
Unit Let	ter		
•••••	Le	8	County. Date Spudded 8-14-58 Date Drilling Completed 9-4-58
Please indicate location:		location:	Elevation 1101 Total Depth 1110 PBTD 1315
2	<del></del>	A	Top Oil/Gas Pay 3980 Name of Prod. Form. Grayburg
D	CB		PRODUCING INTERVAL -
			Perforations Listed on reverse of this page.
E :	P G	H	Open Hole No Casing Shoe 4346 Tubing 4302
<del>.</del>	KJ	I	OIL WELL TEST -
L K J I		-	Natural Prod. Test: 74 bbls.oil, 2 bbls water in 24 hrs, min. Size1
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M ]	0 1	P	Choke load oil used): 74 bbls.oil, 2 bbls water in 24 hrs, — min. Size 14/6
- 1			•
			GAS WELL TEST -
<del></del>		<del></del>	Natural Prod. Test:MCF/Day; Hours flowed Choke Size
bing ,Cast	ing and Cem	enting Reco	Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
81	7 277	1.00	Choke Size Method of Testing:
07	1270	400	
5 <del>}</del>	4356	75	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): 80,800 gal., 284,630# sand, 3750 gal. acid
2	4302		Casing Press. 135 Date first new oil run to tanks 10-14-58
			Oil Transporter Cactus Petroleum. Inc.
		<u> </u>	Gas TransporterNone
marks.			
		**************	
	•••••••	•••••••	
			ormation given above is true and complete to the best of my knowledge.
proved			, 19 Carl J. Westlund (Company or (Operator)
OI	L CONSE	RVATION	COMMISSION By: (Signature)
/-		[///n	A manda
	I frame		Title Agent Send Communications regarding well to:
le .			Send Communications regarding went to
تار	•••••		And the second second
		-	NameKYarbrough

## Perforations:

24 4290 4284 56 4264 4250 136 4234 4200 24 4190 4184 8 4180 4178 32 4174 4166 168 4130 4108 16 4098 4094 40 4062 4052	No. Holes	From	To
	24 56 136 24 8 32 168 16 40 96	4290 4264 4134 4190 4180 4174 4130 4098 4062	4300 4284 4250 4200 4184 4178 4166 4108 4094 4092 4094