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 sept. 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.

				8	Hobbs, New Mexico (Place)				June 6, 1958 (Date)		
			-			A WELL KNO					
Ç	Company	_				, Well No					
•	Letter			County Date	Smidded 1	2-8-57	Date Dr	Llling Co	mpleted	5-22-51	ı.
	ease ind			Elevation	38931	Total D	epth	11783	PBTD	11781	• • • • • • • • • • • • • • • • • • • •
				Top Oil/Gas Pa	y 11,6971	Name of	Prod. Fo	rm. D	evonian		
D	C	В	A	PRODUCING INTE	RVAL -						
	I			Perforations_	11769-1	1774	 				
E	F	G	H	Open Hole		Depth Casing	Shoe	11783	Depth Tubing	11781	
				OIL WELL TEST	-						
L	K	J	·I	Natural Prod.	Test:	bbls.oil,	bbls	water in	hrs,	min- S	hoke Size_
				Test After Aci	d or Fracture	Treatment (after	recovery	of volume	of oil eq	ual to volum	ne of
М	N	0	P	load oil used)	:350bb1	s,oil, 108	bbls wate	r in 2	hrs, 0	Choke min. Size_	311
Ì				GAS WELL TEST	_						
	············			Natural Prod.	Tests	MCF/Day	: Hours f	lowed	Choke	·Size	
Mng C	Casing a	nd Cemen	ting Recor			ck pressure, etc.					
Size	_	Fret Sax				Treatment:				flowed	
				I		of Testing:					
3-3/	8 3	25	400								
9-5/	8 45	990	1900	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 250 gals mad seid & 500 gals regular seid							and
, , ,			300	Contro	Tubino	Date first n	ew				
7"	117	783		Press. Mone		oil run to t				43.43	
211	n	765		L		Corperation.	330 P	etrole	an Ride	Abiles	L X
_				Gas Transporte	r None			 			
									•••••••		
marks:	•	••••••									
marks:	•		••••••	• • • • • • • • • • • • • • • • • • • •	*****************		** ***********			***************************************	•••••
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I her	reby cer					and complete to t	he best of	my knov	wledge.		
I her	reby cer			rmation given a		nd complete to t	r.011.4	my knov	empany.		
proved	reby cer		••••••		, 19	nd complete to the strong stro	r.011.4	L.CasC	empany.		
I her	reby cer		••••••		, 19	nd complete to the Sinclai	r.011.4	L.CasC	perator)		
I he	reby cer		••••••		, 19	By: Dista	Comp (Comp	can or O	perator)		
I her	reby cer		••••••		, 19	By: Dista	Comp (Comp	can or O	perator)	well to:	
I he	reby cer		••••••		, 19	By: Dista	Communication	cations r	perator)	well to:	