PLICATION

IEXICO OIL CONSERVATION COM! SION Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE HOBBS OFFICE OCC

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 ont. 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				Hodds, New Michigo	MAY ZO,	
				(Place)	_ ((Date)
ARE HE	EREBY RE	QUESTING A	N ALLOWABLE F	OR A WELL KNOWN AS:	TR	
/Com	nany or Ones	rator)	Deal)	Well No,	in	
A Comp	Sec	24 T	18s _R 32	Well No, Well No, Undesignated	<u> </u>	Pool
(Unit)			_ 3	July 2, 1932 Date Com	Anoust 7	. 1932
			ounty. Date Spudded.	, Date Com	pleted	
Please	indicate lo	cation:	.4	1		
		•	Elevation3670	Total Depth	, P.B	
			T	2820 Top of Proc	Yates	-Seven R
			Casing Perforations	S: Nene - Bradenhead well		or
			Denth to Casing sh	oe of Prod. String		
			Natural Prod. Test.			BOPD
			based on	bbls. Oil in	Hrs	Mins.
			Tree stanced and	hot		BODD.
	nd Cementir		l'est after acid or si	HOt		DOI D
Size	Feet	Sax		bbls. Oil in		
- 40-			Gas Well Potential	1,790,600 cubic feet a	at back pressu	re of 650
3-3/8"	2291	200				
9-5/8-	27901	600	Size choke in inche	es		**********
			Date first oil run to	tanks or gas to Transmission syste	m:	
	3975*	250		Oil or Gas: Oulf Oil Cor		
las					2 : 1 4 5 1 1 1 1 2 2	
Pa			Transporter taking	Oil or Gas:	DIA CLOSE	
	ern file	d in compli		Oil or Gas:		
narks:	operation		ance with Rule			
marks:			ance with Rule			
marks:	operati.	ons on this	ance with Rule	12 of Order R-370-A. We	ll produces ge	
marks:	certify tha	ons on this	ance with Rule	ue and complete to the best of my	ll produces ge	
marks:	certify tha	t the informati	ion given above is tr	ue and complete to the best of my	ll produces ge	
marks:	certify tha	ons on this	ion given above is tr	ue and complete to the best of my Galf Oll Corporation (Company By:	knowledge.	
marks:	certify tha	t the informati	ion given above is tr	ue and complete to the best of my Galf Gil Corporation (Company By: (Signature)	knowledge.	e for
narks:	certify tha	t the informati	ion given above is tr	ue and complete to the best of my Calf Oll Corporation (Company By: (Signature)	knowledge. or Operator) fature) Superintendent	e for
marks:	certify tha	t the informati	ion given above is tr	ue and complete to the best of my Galf Oll Corporation (Company By: (Signature Production)	knowledge. cor Operator) fature) Superintender ons regarding well to	e for