(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.

				•			Hob Place	hs. N	ew Me	xico	•••••	Septem (Date)	ber 15,1
E ARE	HER	EBY RI	EQUESTIN	IG AN ALL	OWAB	LE FOR	•	•	WN A	S:		, ,	
Mag	nolia	Petro	leum Cor	many	State	e Bride					NE	1/4 SW	1/4,
(Compan	y or Ope	rator) 3	, т. 17-6		(Lease)	NIMON		Vac	uum			Pool
ບ ບ⊯ ເ	Letter												
	Lea			County. D	ate Spu	dded ⁸	-16-58	••••	Date :	Drilling	Completed	8-27-5	8
Please indicate location:			ocation:								PBTD_		
D	C	В	A	Top Oil/Gas				Name of	Prod.	Form	San Andr	8	
			<u> </u>	Perforation	18		-						
E	F	G	H	Open Hole_	4660-			Depth Casing	Shoe	4660	Depth Tubing	4708	
L	K	J	I	OIL WELL THE Natural Pro		I	_bbls.oil	, <u></u>	bb1	s water :	inhrs	,min-	Choke Siże
M	N	=10	1980¹								ume of oil e	Chol	ce
		19801		GAS WELL T		<u>19</u>	18,011,		DDIS WA	iter in _	1115,	<u> </u>	
				Natural Pro	od. Test	:		_MCF/Day	; Hours	flowed	Chok	e Size	
bing (Casing :	and Ceme	nting Recor										
Size		Feet	Sax								CF/Day; Hour		
3 5/8	3 16	65	700 (C±	Choke Size		Method	of Testing	·					
5 1/8		60	1300 (Ci	Aoid or Fra	cture T	reatment (Gi ve amou	nts of m	aterial	s used,	such as acid	, water, oil	l, and
				Ti).	1 M _ E H # 3	PAIS.	2 67 0						
				Casing Press. P									
•													
			<u> </u>	Gas Transp	orter	Phill	ips Pet	roleur	e Co.			 	
marks			1580/1				• • • • • • • • • • • • • • • • • • • •	•		·····			•••
	Ch	avity	- 36.5	e 60°	•••••				•••••				-
						• • • • • • • • • • • • • • • • • • • •		•••••					
I he	ereby c	ertify th	at the info	rmation give	n above	is true	and comp	lete to t	he best	of my k	nowledge.		
prove	d	S	eptember	15.	, 19	9. 58	MAG	NOLIA	PETR	OL UM	ADMEANA	******	
•				45k				0 0	ک) کر	mpany or	Operator)		
	OIL C	ONSEI	RVATION	COMMISS	ION		Ву:	T 124	Pane	Sione)	oure)		
,		1	D										
:	wh	u W	Runy	au	••••••		Title	Send (Comm	unication	am Engir s regarding	well to:	
ile	**********		***************************************		<u>.</u>		Name						
							A didease	Bo	x 2h0	6 - Ho	bbs, New	Mexico	