(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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			Hobbs, New Mexico					
E ARE	HEREBY	REOUEST	ING AN ALLOW	1.5	Place) ELL KNOWN AS:		(Date)	
DRAM	OIL PRO	DUCING	& DRILLING	CORP. RICE	Well No4	:- W	1619	
		, p		(LCMC)			·	
Blate 1	Se	.c13	, т 188 ,	R, NM	IPM., Hobbs		Poe	
•								
			Elevation 368	Spudded9.k. & #?.(9 %	7 Date Drilli	ng Completed	8/15/57	
Ple	ase indicate	location:	Top Oil/Gas Pay	4040	Total Depth 419 Name of Prod. Form.			
D	CB	A	İ		Name of Prod. Form.	- vanjuur B	·	
	X		PRODUCING INTER	VAL -				
E	F G	H	Perforations		De-11	·		
_	_ _	*	Open Hole 40	40-4193	Depth Casing Shoe 4040	Depth Tubing	4185	
			OIL WELL TEST -					
L	KJ	I		aet: hhi	41		Choke	
					oil,bbls wate			
M	N O	P	lest After Acid	or fracture Treatme	ent (after recovery of v	lume of oil eq	ual to volume of	
			load oil used):	bbls.oil,	bbls water in	24 hrs,	_min. Siz	
			GAS WELL TEST -					
			- Natural Prod. Te	est:	MCF/Day; Hours flowed	d Charles		
bing .Ca	sing and Ger	enting Reco					S1 Ze	
Size	Feet	Sax	me ends of reacti		sure, etc.):		····	
					nt:			
5/8	299	175	Choke Size	Method of Testi	ng:		· · · · · · · · · · · · · · · · · · ·	
			Acid or Fracture	Treatment (Give amo	ounts of materials used,	such as acid.	water oil and	
4	4040	250	§					
			Casing	Tubing Dat	15 000 selecte first new l run to tanks Sept.	- TOTINGS	-11 15,0 9	
	 -		Press.	_Pressoil	l run to tanks	3, 193/		
	1		1 -	Shell Pipe		·		
		- 			troleum Co.			
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	•••••••••••		•		••••••••••••••••••••••••			
I herel	by certify th	at the info	rmation given abo	ve is true and com	plete to the best of my l	nowledge.		
	Septemb		+		AN OIL PRODUCT	•	LING CORP	
					(Company o			
OI	IL CONSE	RVATION	COMMISSION	Bv:	R, M.	molan		
				<i>by</i>	(Signa	iture)		
***************************************		11-1	Acher	Title	R. M. Moran,	Agent		
		T		***************************************	Send Communication	ns regarding we	ell to:	
e	••••••••••••••••••••••	***************************************	•••••••••••••••	Nama	R. M. Moran			
						ha 10 10		
				Address	Box 1718, Hob	us, M. Me	X	