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.

				Midlar	3~16	3~1 6 ~6 5	
				(Place)			(Date)
ARE H	EREBY R	EQUESTI	NG AN ALLOWABLE F	OR A WELL KNO	OWN AS:		
ake L	. Hamon	refulf l	lucky D. P. William (Lease	oit , Well No	2 , in.	SW 1/4	SW 1/4,
			T 17-S R 39-				
L	ea.		DeepeningCounty Date specific	Commenced	Data Drilling C	completed 2	3-22-65
			Elevation 3672 G	T. Total D	Depth 14.209	FBTD 12	2.337'
Pleas	e indicate	location:	Top Oil/Gas Pay 12,				
	C B	A	PRODUCING INTERVAL -	·······································			
			Perforations 12.090	-95': 12.130'.	-34': 12.142	2'-46' and	12.1581-9
	F G	Н	Perforations 12,090	Depth Casing	Shoe 12,337	Depth Tubing	12,162'
			OIL WELL TEST -				
L K	J	I	Natural Prod. Test:	O bhleast O	ishle water in	wabbed dry	Choke
	1						
1 N	N O	P	Test After Acid or Frac		•	'	O1 1
	. •		load oil used): 206	_bbls.oil,	bbls water in 24	hrs, O min	n. Size 10/04
			GAS WELL TEST -				
·			Natural Prod. Test:	MCF/Day	; Hours flowed	Choke Size	·
•		enting Recor	rd Method of Testing (pito	t, back pressure, etc.):	 	
Size Feet		Sax	Test After Acid or Frac	ture Treatment:	MCF	/Day; Hours flow	wedb
- /-	924 27	340	Choke SizeMet	hod of Testing:			
3 3/0	326.27	340					
9 5/8	5000.50	2800	Acid or Fracture Treatme				
			sand): 500 gals.	.5% acid; 2,000	gals. 15%	acid & 8,	000gals 1.5 ACL
5 1/2	12337,00	500	Casing Press. Packer Press.	200 oil run to t	anks 3-15	-6 5	
			Oil Transporter Phi.1				
2 3/8	12,162		Gas Transporter				
arke:			003 110110porter				
141 K3	·····	****	*				
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			ormation given above is to				
roved			, 19		Jake L. Ha	••••••••	
				$\bigcap l$	(Company or C		
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	•			Title Petrole	eum Anginee	r	
Lucia	2 *			Send (Communications	regarding well	to:
e					L. Hamon		=
				Addres 500	Vaughn Bldg	., Dallas,	Texas