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.

				(Place) (Date)
EAR	HERE	BY RE	QUEST	ING AN ALLOWABLE FOR A WELL KNOWN AS:
بالاندان من ا	Company	or One	rator)	t 500t. Held , Well No. 6 , in 194
1 - Sec 20			20	(Lesse) , T. 1 , R 32 2 , NMPM., Young Poo
<u>۽ڻمڌ</u>				County. Date Spudded July 12, 1 57 Date Drilling Completed MUSUST 10, 1
Please indicate location:			cation:	Elevation 3750 Total Depth 47 PBTD 4125
D	C	В	A	Top Oil/Gas Pay 4066 Name of Prod. Form. 1902008
				PRODUCING INTERVAL -
E	F	G	H	Perforations 4066 4070
	•	· G	п	Perforations 4006 Depth Casing Shoe Depth Tubing Depth Tubing 405
				OIL WELL TEST -
r	K	J	·I	Natural Prod. Test: O bbls.oil, O bbls water in O hrs, O min. Size
- 1	ľ			
M	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
				load oil used): 705 5bls.oil, 40 bbls water in hrs, 4 min. Size 27
			<u>j</u>	GAS WELL TEST -
				Natural Prod. Test: MCF/Day; Hours flowedChoke Size
bing ,C	asing an	d Cemen	ting Reco	Method of Testing (pitot, back pressure, etc.):
Size	F	ret	SAX	
.: <i>)</i>	134	<u>د</u> م		Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
/	7 2.01		<u> </u>	Choke Size Method of Testing:
7"	413	33	200	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
				sand): 7 95-15 100 8- 017 28400 8 0.54
11/2	405	(C)		Press. 500 Tubing Date first new oil run to tanks Adduct 10. 1957
				Oil Transporter McClindr Bo
				Gas Transporter Gas Transporter
marke ·				Ods Transporter
	************	•••••••••	••••••••	
••••••	***********	••••••	***********	
	••••••••••			
	eby certi	ify that	the info	rmation given above is true and complete to the best of my knowledge.
proved.	••••••	y charte		197 document Joseph Cot.
_				(Company or Operator)
C	OIL COI	NSERV	ATION	COMMISSION By: MY (Simulation)
	1		15	(Signature)
***********		~ <i></i>	<i>A</i>	Send Communications regarding well to:
e	**********			Send Communications regarding well to: Plond I Turner
				Name
				213 Jamer 11d . rtesia. len