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 touthe 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 reported on 15.025 psia at 60° Fahrenheit.

				Bobbs, New Mexico (Place)	
WE AR	E HE	REBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
	ther	Union	Product	ion Company Fragor Sugwell No. 2-9 in S5	/4
N	Comp	any or Op	perator)	(Lease), T	
Les	<u> </u>			County Date Spudded 6/8/63 Date Drilling Completed	7/2 8/63
	Please indicate location:			Elevation 3715 Total Depth 9096 PBT	9053
D	C	В	A	Top Oil/Gas Pay 8834 Name of Frod. Form.	9
				PRODUCING INTERVAL -	
E	F	G	Н	Perforations 8901-68 2 jet shots per ft Depth Cpen Hole Casing Shoe 909() Tubing	8800
				CIL WELL TEST -	,
L	K	J	I	Natural Prod. Test: 231 bbls.oil, 0 bbls water in 24 hrs	Choke , O min. Size
M	N		P	Test After Acid or Fracture Treatment (after recovery of volume of oil e	Ch I .
M	14			load oil used): 231 bbls.oil, O bbls water in 24 hrs.	min. Size 1/2#
		ــــــــــــــــــــــــــــــــــــــ		GAS WELL TEST -	
	C= -4==			Natural Prod. Test: MCF/Day; Hours flowed Chok	
Size	•	Feet	enting Recor	the state of the s	
3.6	- /1	225		Test After Acid or Fracture Treatment: MCF/Day; Hour Choke Size Method of Testing:	s flowed
10	3/4	29 5	250		
7"		55 5 0	350	Acid or Fracture Treatment (Give amounts of materials used, such as acid sand): 5100 gals reg & 200 sealers	, water, oil, and
Lį.	1/2	90 9 0	700	Casing Tubing Date first new Press. Pr Press. 75 oil run to tanks 8/10/63	
		8800		Oil Transporter Texas-New Maxico Pineline Company	
	3/8	0000	Pkr	Gas Transporter Rome	
marks	::	Nev	Well		
•			••••••		•••••
					•••••••••••••••••••••••••••••••••••••••
l he pprove	-	-	at the info Gust 13	rmation given above is true and complete to the best of my knowledge. 1063 Southern Union Production	Commeny
pprove	a		жпп.пп н	(Company or Operator)	
	OIF C	CONSER	VATION	COMMISSION By: Signature)	Clote
.//	///			Title Manager, Drilling & Produc	etion
;		/		Send Communications regarding	
tle			**************	Name Mr. Wes Swamson - P. C. 1	Box 146
				Address. New Mexico	