(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well

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 florm 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, Na (Place)	w Mexico	August 12	1960 (Date)
WE ARE	HEREBY	REQUEST	ING AN ALLOWABLE	FOR A WELL KI	NOWN AS:		(22)
Oul	Lf 011 C	orporation	Lea State	AR Well No	1,	inNE 1/2	59 4
(Company or Operator)			•	esse) Karansansa	Works and a		- Ext
Unit	Lotter	7CU	, Landerska Rammer	Committee, in Marina,		pratecl.rear	Lunen Pool
•••••		Lea	County. Date Spudde	d 6-26-60	Date Drillin	g Completed	7-10-60
Ple	ase indicat	e location:	Elevation 3684				
D	C B	BA	Top 011/9 Pay 175	Name	of Prod. Form	Queen	
			PRODUCING INTERVAL -				
E	F	<del> </del>	Perforations 475	4-56' 4846-48	<u> 4886-88</u> 1,	4944-461 &	4956-581
		3 H	Open Hole	Depti Casi	n ng Shoe	Depth Tubing	1,9231
			OIL WELL TEST -				
L	- 1	JI	Natural Prod. Test:	bble oil	bble water		Choke
	•		Test After Acid or Fra				
M	N	P				· ·	C1 1
			load oil used): 51	DD15,011,	DDIs water in	hrs,	min. Size Z M
708	0' FS &		GAS WELL TEST -				
			- Natural Prod. Test:	MCF/I	Day; Hours flowed	Choke S	i ze
		ementing Recor	rd Method of Testing (pite	ot, back pressure, et	tc.):	<del></del>	
Size	Feet	SAX	Test After Acid or Fra	cture Treatment:		MCF/Day; Hours f	lowed
8-5/8	1361	100	Choke Size Me	thod of Testing:			
			Acid or Fracture Treatm	ent (Clue enguste of	materials used	such as said w	
4-1/2	" 50021	250	sand): 28.350	•	•		_ •
2-3/8	" 4923°		Casing 3300 Tubing	Date first	new A	1 3060	21 21 2
	+		-				
1			Cil Transporter				
D			Gas Transporter				<del></del>
Kemarks:.	***************	******	· · · · · · · · · · · · · · · · · · ·		***************************************	***************************************	
	••••••	*********			****************	***************************************	•••••
_	eby certify	that the info	ormation given above is t	-	·		
Approved.	**************	A!!3 1 5 1	967, 19		Company of		
_	TT/OONE	en vekson	connection N		X		e 2
	DE CONSI	EKVKLION	COMMISSION	Бу:	(Signa	ture	
By:	9/1	107/1	Me Mil	Title	rea Producti	on Manager	
Engineer District i				2 1010	Communication		l to:
Title	***************************************	Engi		Name G	ulf Oil Corp	oration	
				2 2167 Wohls N M			
				Address	110 و/تلاع 200	DUS # M.	