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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Weli 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, N. M. 11-18-58 (Place) (Date)	
ARE	HER	EBY REG	QUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:	
V. K.	Byr	OM		J. W. Cooper C. Well No. 3 in SW 1/4 SE	¹/ 4 ,
7 7	T atter	, Sec	3 .	, T208, R37E, NMPM.,	ool
				County. Date Spudded11-3-58 Date Drilling Completed11-14-5	
Please indicate location:				Elevation 3561 GI. Total Depth 3000 PBTD	
D	С	В	A	Top Oil/Gas Pay 3822 Name of Prod. Form. Grayburg PRODUCING INTERVAL -	
E	F	8	Н	Perforations 3822_3868 Depth Depth Open Hole Casing Shoe 3900 Tubing 3800	
L	K	J	I	OIL WELL TEST - Cho Natural Prod. Test: none bbls.oil, bbls water in hrs, min. Siz	
				Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume	
M	N	0	P	Choke load oil used): 47 bbls.oil, none bbls water in 24 hrs, min. Size 3	
			j	GAS WELL TEST -	
				Natural Prod. Test:MCF/Day; Hours flowedChoke Size	
bing .	Casing	and Cemen	ting Recor	rd Method of Testing (pitot, back pressure, etc.):	
Size		Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed	
				Choke Size Method of Testing:	
5/1	Su	3201	150		==
53 ^H		39001	400	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, a	
2-3/8" 38001				sand): 500 gallons acid 10.000 lbs. sand, 10.000 gallons refi Casing Press. 3700 Press. 2500 oil run to tanks 11/17/58	
				Oil Transporter TShelluBinteline Corp. Fire Co. Midland, Towns	
				Gas Transporter Warren Petreleum Gorporation - Tulsa, Oklahoma	
marks	:				
I he	ereby o	ertify tha	t the info	ormation given above is true and complete to the best of my knowledge.	
prove	d			, 19	
				COMMISSION By: R.R. Quellacol (Signature)	
: ¿	[Ç	4-4	///	Title Agent Send Communications regarding well to:	
tle	•••••				
				NameW. K. Byrom	
				Address 1000 N. Dal Paso - Hobbs, N. M.	

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Recovery: 3 - 7078

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