REQUEST FOR (CAS) - (GAS) ALLOWARTE DEC 10 15 Recompletion This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or (Cas) well. The complete on the complete of the completion of the complete of t

December 8, 195 (Date)
(Date)
NW 1/4 SW 1/4,
······/4······/4,
3–19–51
, P.B
Seven Rivers
or
BOPD
HrsMins.
B OPD
HrsMins.
Inion Gas Co.
vledge. Ll Company
o(rator)
Mulae
) ••
egarding well to:
L Company

Address..... Box 38, Hobbs, N.M.