REQUEST FOR (OIL) - (GAS) ALLOWABLES 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 Q-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed Odurps calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is deliv-

into the stock tanks. Gas mu		ist be reported on 15.025 p	pe reported on 15.025 psia at 60° Fahrenheit.  Hobbs		5-10-62	
				(Place)		(Date)
WE ARE	HEREBY	REQUESTI	ING AN ALLOWABLE	FOR A WELL KNO	WN AS:	
MOTAN	Company or C	oductus	a prilling corp	, Well No	, in	NE 1/4 SW 1/4,
K	Salary of C	- 9	(Les	8 NMDM	Hobbs	BPool
CHECK	<b>20010</b>					<u> </u>
	Lea		County. Date Spudder	4-20-62	Date Drilling Co	mpleted 4-27-62
Please indicate location:			Elevation 3612	KDB Total De	epth 4149	PBTD <b>4130</b>
<u> </u>			Top Oil/Gas Pay 4	058 Name of	Prod. Form. G1	ayburg
D	C B	A	PRODUCING INTERVAL -			
				-601 /065-71.	4037.70. /	101 /100
E	F G	Н	Perforations 4058			
			Open Hole	Casing S	Shoe 4149	Tubing4097
<del></del>	7,		OIL WELL TEST -			
L	KJ	I	Natural Prod. Test:	bbls.oil.	bbls water in	Choke hrs,min. Size
	ж					of oil equal to volume of
М	N O	P				Choke 1/2 hrs,min. Size_1/2
				bbls,011,b	obls water in 44	_hrs,min. Size
<del></del>			GAS WELL TEST -			
	<del></del>		Natural Prod. Test:	MCF/Day;	Hours flowed	Choke Size
tubing ,Ca	sing and Cer	menting Recor	rd Method of Testing (pito	t, back pressure, etc.)	:	
Size	Feet	Sax				Day; Hours flowed
			Choke SizeMet			
<u>85/8                                   </u>	332	200	SNOKE SIZENe C	nod of festing.		
41/2	4149	150	Acid or Fracture Treatme	ent (Give amounts of ma	terials used, such	as acid, water, oil, and
71/2	4149	450	sand): 1000 gal	. aicd, 30,000	gals, RO	& 77.500#
			Casing Tubing	Date first new	w 5-8-62	
<del></del>		<del> </del>	Oil Transporter We			
		į		•		
			Gas Transporter P	_	aum Company	·
.emarks:		·····		····	•••••••••	
	·····	••••••••••••••••••••••••••••••••••••••			•••••••	
I here	by certify t	hat the info	rmation given above is tr	rue and complete to the	e best of my know	ledge.
	•		, 19			& Drilling Corp.
	<i></i>		- 7	1	(Company or Op	erator)
9	il conse	RVATION	COMMISSION	By KUM Ste	(Signature	D. McPeters
y: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			7	<b></b>	Engineer	
				. TitleSend Co	ommunications re	garding well to:
itle		· ·		Name Moran	0il Prod.	& Drlg. Corp.
				AddressBox 1	.718, Hobbs	, N. M.

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