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

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 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.

into the stock tanks. Gas mu		Hobbe, New Mexico				7-29-57	
e toe Hebest beciteer			TNO AN ATT OFFI	(Plac	e)		(Date)
AKE	HEKEBY : 11na Patr	rojem G	ING AN ALLOWABLE	E FOR A WEL	L KNOWN AS:	e p	07
(C	ompany or O	perator)	ompany Quape (I		ll No	, in	
(Company or Operator)			T 20-S R	37-B NMP	M. Bunent	***************************************	Þ
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		• • • • • • • • • • • • • • • • • • • •	County. Date Spudd	ded.	Date Diff	THE COMPANY OF	-2-57
Please indicate location:			Elevation 3522 Top Off /Gas Pay 341	12	_Total Depth	PBTD	
D	C B	A			_Name of Prod. Form.		
			PRODUCING INTERVAL -	_			
E	F G	H	Perforations 341	2-3486			
·	• •	#	Open Hole		Depth Casing Shoe	Depth Tubing	
			OIL WELL TEST -		· · · · · · · · · · · · · · · · · · ·	·	
L	K J	I		hht	•		Cho
			Natural Prod. Test:				
M	N O	P	Test After Acid or Fr				~ .
			load oil used):	bbls.oil,	bbls water i	nhrs,mi	n. Size
	·		GAS WELL TEST -				
			Natural Prod. Test:		MCF/Days Hours flow	ad Chala Ci-	
bing Ca	sing and Cem	enting Reco					e
Size	Feet	Sax	medice of festing (pr				
		1	Test After Acid or Fr				wed
13 3/8	164	175	Choke Size 1/2" M	Method of Testing:	neg pressure	<u> </u>	
9 5/8	1061	400	Acid or Fracture Treat	tment (Gi ve amoun	ts of materials used	d, such as acid, wate	r, oil, ar
	 	· · · · · · · · · · · · · · · · · · ·	sand): 500 gal me				
7	3682	300	Casing 824 Tubir Press. Press				
			7		un to tanks		
			Oil Transporter		Han Time Comm		
	Calmi	atad aba	Gas Transporter Per	atom bestit t	The wree costs	шу	
marks:	Our car	ateu ate	erate ober 170a b	erestrat - 1	S.AU MITTU	************************	••••••
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I herel	y certify th	at the info	ormation given above is	true and comple	te to the best of my	knowledge.	
oroved		4:			ipe Petroleum	~	
			,			or Operator)	
Ol	L CONSEI	RVATION	COMMISSION	Ву: 111	Scarte M. (Sig	nature)	•••••
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B	Ser rest of	•••••••	·			hillips Petrol	
				Name			
				ساداد ۵	BOX ZLOS, Hol	bs. New Mexico	