## 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 sept. 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.

			(Place) (Date)
WE ARE	HEREBY	REQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:
	Company or C	11y	(Lesse), Well No. 2 , in. 553 1/4 1/4,
	•	-	, T, R, NMPM., Pool
عرز	<b>6</b>	••••••	County. Date Spudded. 11-9-7 Date Drilling Completed 11-19-7
Please indicate location:			Elevation Total Depth 5975 PBTD 5914
D	C B	A	Top Oil/Gas Pay Name of Prod. Form. Name of Prod. Form.
E	F G	Н	Perforations 19 19 19 19 19 19 19 19 19 19 19 19 19
×			Open Hole Casing Shoe 301 Tubing 3005
L	K J	I	Natural Prod. Test: bbls.oil, bbls water in hrs, min. Size
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used):bbls.oil,bbls water inhrs,min. Size(2
			GAS WELL TEST -
_	asing and Ces	enting Recor	Natural Prod. Test: MCF/Day; Hours flowed Choke Size
Size	Feet	Sax	to reading (preading pressure, etc./;
	2 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	5.3.25	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed  Choke Size Method of Testing:
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
		1000	Sand): Casing Casing Press. Pr
			Cil Transporter Cil Line
			Gas Transporter
Remarks:	•••••••	•••••	
I here	by certify th	nat the info	rmation given above is true and complete to the best of my knowledge.
Approved	,11:	-29-5	COMMISSION  By:  Semantion given above is true and complete to the best of my knowledge.  (Company or Operator)  (Company or Operator)
Ву:	·	14-12	Fitte Codic Lian Sure is to recent  Send Communications regarding well to:
Title		•••••••••••••••••••••••••••••••••••••••	Name Solin