(Form C-104) Revised 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			-		Hebbs, New	Harico	Soptember :	3, 1958
				i	(Place)		•••••	(Date)
E ARE F	IEREBY R	EQUEST	ING AN ALLO	OWABLE FOR	A WELL KNO	OWN AS:		
(Co	mpany or Op	erperes	rem H.	To METSOFA	, Well No	12 , in		IV 1/4,
3	Sec	32.	T 21	(Lease) R 37	· NMPM	Unicalpated		Deal
Unit Le	-							
	Lea	· · · · · · · · · · · · · · · · · · ·	County. Da	ate Spydded	2-24-58	Date Drilling Co	mpleted 3-8	>-58 ≎31
Please indicate location:		Elevation	2001.1	Total I	Depth 3575	рвто 🥦	NEAL'	
D (В	A	1		Name of	f Prod. Form.	DW R	<u> </u>
			PRODUCING I					
E F	r G	H	1	3774-34	D 1 b-		5	
0	_ _		Open Hole	*	Casing	Shoe 3125	Depth Tubing 3	1061
			OIL WELL TES	<u>st</u> -				م
L	K J	I	Natural Proc	d. Test:	bbls.oil,	bbls water in	hrs.	Choke min. Size
		1.				recovery of volume		_
M	0	P				bbls water in		
			GAS WELL TES		· · · · · · · · · · · · · · · · · · ·			. 5126
		. <u></u>		_				
Mng Cast	ing and Ceme	nting Reco				; Hours flowed		
Size	Feet	SAX):		
			l l			MCF/	Day; Hours flow	ed
1-5/0	3961	300	Choke Size	Method	of Testing:		<u> </u>	
	146.2	925	Acid or Frac	ture Treatment	Give amounts of m	aterials used, such	n as acid, water	r, oil, and
-		7-03	sand): 25			gal les eil ye		doubte &
-3/8"	38061	•	Casing Press.	Tubing Press.	Date first no oil run to t	ew 9-12-58		sand per
			-4		Pipe Line Con			
			Gas Transpor	ter Warren	Potroloum Go	eperation		-
narks:	·····	**:	******					
It is	requeste	d this y	mil be place	eed on pror	skion schedul	affective	P-12-58	
		•••••	77	- 7 J.	10 ()		Litalitati i	
I hereby	y certify the	at the info	rmation given	above is true a	and complete to th	ne best of my know	vledge.	
	•					Oil Corpora		
		1.1000		-	.	Company or Op	erater)	
OII	L CONSER	VATION	COMMISSIO	ON	Ву:	- 124	5	
1				///	<u> </u>	(Signature		
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					Name Gulf	Oil Corporati	lon	
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