REQUEST FOR (@##) - (GAS) ALLOWABLE

NGCOMPletion

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 ealendar 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.

				Hooi	os, kew ko	xíco, Dec	e ber 10, 195
				(Place)			(Date)
			NG AN ALLOWABLE FO				
Humble	il & Ref	ining cor	mpany F. F. Hardi	son B, Well No	2	, in الله	/4 NE 1/4
A (C	ompany or O	perator) "U _s	(Lease) T. 21-5, R.37-5, Recompletion beautiful (Lease)		Mahaba Cara	•	,
Time L	Sec		., T, R.37-6	, NMPM.,	Tubb Gags	**************************************	Poo
V	Lea		Recompletion beg	gan - 0.,,22,,57	GEWOOL MENNEY AND	races	30.3
			County. Date Sppdded	_ZITAJTIJE Total i	both 6575	ner vompus ved	570 570 ES
Please indicate location:		location:	Top 8 4/Gas Pay 601	5	S Durah E	Tu	ibh
D	C B	ft. A 15		Name of	r Prod. Form		
			PRODUCING INTERVAL -				
			Perforations 6015-605	8,6090-6125,	6145-6190		
E	F G	H	Open Hole	Depth Casing	Shoe 6575	Depth	6523
				***************************************	<u></u>	10011	19
L	KJ	I	OIL WELL TEST -				Choke
_			Natural Prod. Test:	bbls.oil,	bbls wate	r inh	rs,min. Siże_
			Test After Acid or Fractus	re Treatment (after	recovery of v	olume of oil	equal to volume of
M	N O	P	load oil used):	bls.oil.	bbls water in	hrs.	Choke
	l				•		
	<u> </u>		GAS WELL TEST -				
			. Natural Prod. Test:	MCF/Day	; Hours flowe	dCho	oke Size
Tubing ,Ca	sing and Cem	enting Recor	d Method of Testing (pitot,	back pressure, etc.):		
Size	Feet	Sax	Test After AMAXAMFRactur	re Treatment: 855	.8	MCF/Day; Hou	rs flowed 24
			Choke Size 1/4" Method			<u>-</u>	
10-3/4	351	400					
7-5/8	2809	1325	XXXXXX Fracture Treatment	(Give amounts of m	aterials used,	, such as aci	d, water, oil, and
1-7/0	2009	رمريد	sand): Frac W/30,000	gal ref oil	and 30,00	On sand	
52	6560	600	Press. 600 Tubing Press.	Date first n	ew 10-	19≈57 (µi	stillate)
	· · · · · ·		1				
2	ز 651		Oil Transporter Texas		_	umpany	
<u> </u>			Gas Transporter 1 Pas				
Remarks:	Dual Com	protron:	- This 0-104 covers	mob tas Pool.	•	••••••	
						••••••	
						•••••	
I herel	by certify th	at the info	rmation given above is true	and complete to the	he best of my	knowledge.	
	-			llumble -			any
spproved	******************	••-•	17		(Company	or Operator)	
	II. CONSPI	P.VATION	COMMISSION	Ву:	MECA	ty	
			COMMISSION	υy	(Sign	nature)	
.		12	well of	Title gent			
эу:			. section section	Send (Communication	ons regarding	well to:
Γitle		// 	**************************************			_	
			M., loc: Midland,	Name iir all			
c: Dist	File, lo	et Mr. W.	E. Hubbard, Houston	Address Box	2347, i.obl	05, 12	