REQUEST FOR (SOLL) - (GAS) ALLOWABLE

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.

ru into the stock tanks. Oas nu			Hobbs, New Mexico					
				(Place)	O14/31 A.C		(Date)	
			NG AN ALLOWABLE I			\$T' 1	.,	
	Se rvice Company or O		m.CompanyCloss		, in.	NW	¼SE!⁄4	
	•		T. 22-S, R36	,	Jalmat	***********	Poc	
Unit 1	Letter				of raman of	4 4 am		
Lea			County. Date Spudder	5-28-62	Date Stabiling Completed		5-29-62	
Please indicate location:					Depth 42371 FFT			
D	C B	A	Top 🈘 /Gas Pay33	Name o	of Arca. Form	Yates_		
		"	PRODUCING INTERVAL -					
			Perforations335	21-34471				
E	F G	H	Open Hole None	Depth Casing	Shoe 12371	Depth Turing_	3/.081	
			OIL WELL TEST -		- +			
L	K J	, I		MEX = 12.3	- * • ما قابوش	, L	Choke	
			Natural Prod. Test:					
м	N O	P	T es t After Acid or Frac				Choke	
	N 0	•	load oil used):	bbls.oil,	_hrls water in	hrs,	min. Size	
			GAS WELL TEST -					
			Natural Frod. Test:	MCF/Da	ay; hours flowed	Chake	Size	
Mng C	aging and Cer	menting Reco	rd Method of Testing (pitc					
Size	Feet							
			Test After Acid or Frac				· · · · · · · · · · · · · · · · · · ·	
10"	1507	?	Orifice 2.5" Met	hod of Testing:	<u> </u>			
			acid or Fracture Treatm	ent (Give amounts of	materials used, su	ch as acio,	water, oil, and	
8 <u>7.</u> 11	3295	100		:4 & 20 000#	ann d			
(- l-		050	Casing Tubing Fress. pkr. Press.	855.2 Date first	new	ine 6-7-	. 62	
6 5/8	3577_	250	Press. DKF. Press.	Gas	XXII.			
5 3/1	16 3777	75	Oil Transporter None				_, <u>, , , , , , , , , , , , , , , , , , </u>	
, <u>, , , ,</u>	<u> </u>		Gas Transporter <u>Uni</u>	ted Carbon Comp	any, inc.			
marks:	***************************************						***************************************	
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I her	eby certify	that the inf	ormation given above is t	rue and complete to	the best of my kno	owledge.		
			, 19		rvice Petrole	unCompa	ny	
, 10 r ca		T		1//	Company or (
C	DIL CONSI	ERVATION	COMMISSION	Ву:	Meyer	re)		
\subset	17/1			Title Dist.	Supt.			
	·· [··································	••••••		Send	Communications	regarding v	vell to:	
le	<i>f</i>			 Name G. M.	Gever			
				1144161114				
				AddressBOX	97, Hobbs, 1	AGM LIGXTO	įŲ ,	