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

## REQUEST FOR (A) - (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.

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•	• •	•	., T21		, NMPM.,	Wil	Laten	•••••••••••••••••••••••••••••••••••••••	Pool	
Lea			County. Date	e Spudded		Date	Drilling O	completed	3-12-44	
Please indicate location:			Elevation	3646	Tota	1 Depth_	3894	PBTD	3695	
D	C B	A	PRODUCING INT		2Name	of Prod.	Form.	<u>Yates</u>		
E	F G	H	<del>-</del>	3585 <b>-9</b> 3	<b>2</b> Dept Casi	h ng Shoe	3725	Depth Tubing	3485	
L	K J	I	OIL WELL TEST	-			JJ		Choke	
M	N O	X	Test After Ac	id or Fracture	Treatment (aft	er recove	ry of volum	ne of oil e	qual to volume of Choke min. Size	
Eubling ,Gas	Ing and Come	onting Recor	GAS WELL TEST  Natural Prod.  Method of Test	Test:ting (pitot, ba	MCF/	Day; Hour	s flowedp1 to 1	6 Choke	Size 3/4*	
16* 7	95 3725	140 280	Choke Size	Method o	of Testing:				water, oil, and	
			Press.	Tubing Press.	Date firs oil run t	o tanks				
			Gas Transporte				· · · · · · · · · · · · · · · · · · ·		,	
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