(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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

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E ARE F	HEREBY R	EQUEST	ING AN ALLOW	ABLE FOR A W	ELL KNOWN A	3:	
n Ameri	lean Pet.	Corp	Southland Roys	alty Co. Man.	Well No	, in	
(Co	mpany or Op	erator)		(Lease)	· · · · · · · · · · · · · · · · · · ·		Do.
Unit L	Sec.		, 1215,	K378, N.	мрм.,	rinkard	го
	Les		County. Date	Spudded	6-62 Date D	rilling Complete	d5-28-62
	se indicate l		Elevation	1400 - RDB	. lotal Depth	71.69*	66251
D	C B	T A	Top Oil/Gas Pay	^y 6596*	Name of Prod. F	orm.	nkard
			PRODUCING INTER	RVAL -			
		+ =	Perforations	64960	61.63epm/2 SPT	Dept	<u> </u>
E	F G.	H	Open Hol e		Casing Shoe	Tub:	ing
		<u> </u>	OIL WELL TEST			,,	9771
L	K J	I			oil,bbl	s water in !	Chok hrs. min Size
ļ			1		ment (after recovery	•	
M	N O	P	1				Choke
			1		,bbls wat	-24-	20/
	_,l	_L	GAS WELL TEST		•		
6604 F M	x 5851 I	7 LIME	- Natural Prod.	Test:	MCF/Day: Hours	flowedCl	hoke Size
tubing ,Can	sing and Com	enting Reco	ord Method of Test	ing (pitot, back pr	essure, etc.):		
Size	Feet	Sax	Test After Aci	d or Fracture Treat	ment:	MCF/Day; H	ours flowed
			Choke Size	Method of Tes	ting:		
-5/8ª	1331	580	Anid on Empetus	Treatment (Give :	amounts of materials	used, such as a	id, water, oil, and
70	7169	550_	i				
					10 Ogothe Sand		
2-1/2"	6557				oil run to tanks		
		Ì	Oil Transporte:	r	isgaulis Pipel:	in Conputy	
	<u> </u>	<u></u>		I	lerren Petrola	m Corporati	OR
.emarks:		· · · · · · · · · · · · · · · · · · ·	*************************	*************************			•••••••••••••••••••••••••••••••••••••••
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Ò	IL CONSE	RVATIO	N COMMISSION	By:.	************************	(Signature)	
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