(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.

E ARE	HERE	BY RE	QUESTI	NG AN ALLOWABLE FOR	A WELL KNOWN AS:	
ulf Oil Corporation (Company or Operator)				Nosmi Keernum (Lease)	, Well No, in.	
				T 21-S R 37-E	., NMPM.,	Terry Blinebry Pool
Unit	Letter			(orginal	ly)	
		Lea.		County. Date Spudded	12-16-52 Date Drilling O	capleted 2-20-53
Pl	ease ind	licate lo	cation:		Total Depth	
				Top Oil Pay 5721!	Name of Prod. Form. C	earfork
D	C	В	A	PRODUCING INTERVAL -		
l				Perforations 5721-5829	t	
E	F	G	Н		Denth	Depth
	_	_		Open Hole	Casing Shoe 73251	Tubing
				OIL WELL TEST -		-
L	K	J	I	Natural Prod. Test:	bbls.oil,bbls water in	Choke n hrs. min. Siże
i		ပ			Freatment (after recovery of volum	
M	N	ō	P			Choke
	74	"	1 1	load oil used): 336 bbl	s.oil,Obbls water in	hrs,min. Size_28/6
- 1				GAS WELL TEST -		
					MCF/Day; Hours flowed	Choke Size
• • •						
•			nting Reco		ck pressure, etc.):	•
Size		Fret	SAR	Test After Acid or Fracture	Treatment: MC	Day; Hours flowed
	.			Choke SizeMethod o	f Testing:	
12-3	V4F	1851	250	-		
O 5	/8	29861	2025	Acid or Fracture Treatment (C	Give amounts of materials used, so	ch as acid, water, oil, and
0-7	797 -	<u> </u>	£063	sand): 200 gals, mad a	Date first new	ed oil with 1# SPO.
5-1	/2	73141	695		oil run to tanks	
	7-	1 /	-,,			
				Oil Transporter TEXES No.	Mexico Pipeline Co.	
				Gas Transporter		
emarks	:				placed in the Proration.	Schedule
		errec	tive Au	gust 5, 1957.	***************************************	••••••
		••••••	•			
					- Jless so the best of my kn	nwledge.
I he	ereby ce	rtify th	at the info	ormation given above is true a	nd complete to the best of my kn	o
prove	d				(Company or	Operator)
				· .	127	
	OIL C	ONSEI	RVATION	COMMISSION	Ву:	
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					Address Box 2167, Hobbs,	NAM WATTAG