## REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well

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 filled 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.

					Hebbs, New 1	Mexico	July 2, 1959	
					(Place)			(Date)
WE ARE	HEREBY	REQUEST	ING AN ALLOWAE	SLE FO	R A WELL KN	IOWN AS:		
3k	ell'à oli	. Company	Kin	Ca	, Well No.	5	inNE	<b>4. HB</b> 1/4,
=A#,	Company or	Operator)	, T. 235 , R.	368	N/3 (D) (	Langlie M	ttix	
Unit								
Le	<b>a</b>		County. Date Spi	ıdded	pril 28, 19	59 Date Drillin	g Completed	May 6, 1959
Please indicate loca		te location:	Elevation <b>34</b> ]	2' DF	Tetal	Depth	CT87	
Π	c l	ВА	Top Oil/Gas Pay	3622	Name	of Prod. Form	Queen	
		J 45	PRODUCING INTERVAL	<b>-</b>				
$\vdash$			Perforations 362	2-33,	3638-43, 36	46-48, 3652-	-54 & 365 <b>8</b>	761
E	F	G H	Open Hole	-	Depth Casin	g Shoe 37001	Depth Tubina	36051
	Section	1	OIL WELL TEST -					
L	K	JI						Choke
			Natural Prod. Test					
_м	N	0 P	Test After Acid or					
			load oil used):	b	bls,oil,	bbls water in	hrs,	_min. Size
			GAS WELL TEST -					
123.4	FNL & 9	90' FEL	_ Natural Prod. Test	·	MCF/D	ay; Hours flowed	Choke	Size
Tubing ,C	asing and C	ementing Reco	rd Method of Testing	(pitot,	back pressure, et	c.):		
Size	Feet	Sax	Test After Acid or					flowed
	Set A		Choke Size					<del></del>
8-5/8	<u>* 375</u>	200	-					
5-1/2	3700	300	Acid or Fracture Tr					
			sand): Fractur					UEF SAME.
20	3605	'	Press. P	ress•	Date first oil run to	tanks July	1, 1959	<del></del>
			Oil Transporter_	exas-l	lew Mexico Pi	ipe Line Co.		
L			Gas Transporter S					
Remarks:	Well	pumped 10	bbls. oil in 2	4 hrs.	)		<del>.,,.</del>	
		***************************************	•••••			. 414 /		
							***************************************	
I her	eby certify	that the info	ormation given above	is true	and complete to	the best of my k	nowledge.	
	•		19			ly Oil Compa		
-pp.ovcu.				********	7	(Company o	r Operator)	
c	OIL CONS	ERVATION	COMMISSION	_	By:	C. 15.44	nene	<del>-</del>
	<b>~</b> 2.	1///	1 1	.7	1/2	(Signa	iture)	•
3y :	[]	7-16/16	1200 111		I itle	Lst. Supt.		
r: <sub>Al</sub> _			,		Send	Communication	ns regarding we	en to:
Title	••••••			*****	Name. SI	celly Oil Co	mpany	
		• .				ex 38 - Hebb	s. New Max	100