REQUEST FOR (OIL) - (CAS) ALLOWABLE CONTICE O. Recompleted

This form shall be submitted by the operator before an initial allowable will be assigned to associate the operator before an initial allowable will be assigned to associate the operator before an initial allowable will be assigned to associate 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

into	the st	ock tanks.	Gas must	t be reported on 15	1.025 psia at	Hobbs, Ne	w Mexico		May 15,			
						(Place)			(Date)			
				NG AN ALLOWA				inSW		1/4		
(Company or Operator)			ator	225	(Lease)	, NMPM.,	Biinet	ry		Poo		
Please indicate location:				County. Date Spudded Date Drilling Completed Elevation Top Oil/Gas Pay Name of Prod. Form.								
D	C	В	A	PRODUCING INTERV	<u>AL</u> - 5808-	-58381						
E	F	G.	Н	Perforations		Depth Casing	Shoe	Dept Tubi	h ng			
L	K	J	I	OIL WELL TEST Natural Prod. Te	est:	bbls.oil,	bbls wate	r inh	rs,min	Chok Size		
M	N	0	P	Test After Acid load oil used): GAS WELL TEST -	100 bbl	Treatment (afte	r recovery of to	rolume of oil 24 hrs,	equal to vo Ohmin. Si	lume o oke j6 ze		
Siz	/8"	310	310	Choke Size	Method	Treatment: of Testing: (Give amounts of						
ىد 8	+	2787 6427	700 350	sand):Casing pkrs	7. 20,000 Tubing	Date first oil run to	new	5-13-64	ACON SHIELD			
5 1 "			-	Press	Texas	-New Mexico	Pipeline	0.		-		
		5830										
				27111								
	hereby	certify t	hat the in	formation given al	bove is true , 19	and complete t	o the best of m Service Oi	y knowledge I Company y or Operator	:. / 	, . 		
I				***************************************	-		(Compar	By: (Signature)				
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I pprod	vea		RVATIO	N COMMISSION		TitleSer	(S Istrict Cland Communication Y. V. VI	rk tions regard				