REQUEST FOR (OIL) - (GAS) 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 filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				Hobbs,	New Mexic	o Maj	8, 19 57
				(Place)			(Date)
E ARE	HEREBY R	EQUESTIN	IG AN ALLOWABLE FO	R WELL	KNOWN AS	: M LT	M TL-7
Citi	es Service	6 O1T COM	pany	Mell 1	No	, in	¹ /4
D C	ompany or Op	21.	, T. 228 , R 37E	NMDM	Langl	ie-Mattix	τ
Unit L	perer						
	Lea		County. Date Spudded	March 11,	1957 Date	Completed	7 5, 1957
Plea	se indicate l	ocation:					
D •	C B	A	Elevation 3382 D	Total	Depth 36	30 P.B	_
E	F G	Н	Top oil 🗯 pay	3550-3570	Name of 3582-359	Prod. Form	Penrose 2;
			Casing Perforations:	3620-3628	. (4 jet s	hots/It.)	•••••••
L	Кј	1	Depth to Casing shoo	of Prod. Stri	ng		
м	N O	P	Natural Prod. Test	•		······································	ВО
	į		based on	bbls. (Oil in	Hrs	M
			& £	rac X	14.5		BO
Code	and Coment	ing Record					
Size	Feet	Sax	Based on 14.5	bbls. (Oil in	Hrs	М
4 - 14	7000 07	600-50%	Gas Well Potential	-			***************************************
8 5/8	1399.01	Pozmix; 200 neat	Size choke in inches.	22/64)		
5 1/2	3615.38	300	Date first oil run to t	anks or gas to	Transmission	system:	6, 1957
		_	Transporter taking C		Shall Pine	line Co. (o	
			Transporter taking C	711 Ot Gas	Skelly Oil	. Co. (gas	- casinghead
emarks:		FTP 60	F, FCP 205#, GOR 10,	471			
cinal as					•••••		
	•••••						
I here	by certify th	at the infor	rmation given above is true	and complete	e to the best of	my knowledge.	
pproved	• • • • • • • • • • • • • • • • • • • •		, 19			pany or Operator)	b ertA .
				L	In the comp	dany or Operator)	
0	IL CONSEI	RVATION	COMMISSION	Ву:	11000	(Signature)	
	F- ()	il in	cloud	Title	istrict Su	perintenden	t
y:		f Add C		110e S	end Communi	cations regarding	g well to:
itle				Name	leorge M. C	eyer	
					Box 97, Hob	bs, New Mex	ico
				Address			