

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.

.....
(Place) 11/17/58
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

.....
(Company or Operator) Well No., in 1/4 SE 1/4,
(Lease)

.....
Unit Letter Sec. T. R., NMPM., Pool

.....
County. Date Spudded Date Drilling Completed 11/5/58

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation Total Depth PBDT

Top Oil/Gas Pay Name of Prod. Form.

PRODUCING INTERVAL -

Perforations 3760-3780

Open Hole Depth Depth
Casing Shoe Tubing 3600

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Choke Size 6/64

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed 24

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 42,000 lb sand

Casing Tubing Date first new
Press. 450 Press. 300 oil run to tanks 11/17/58

Oil Transporter Shell Pipe Line Company

Gas Transporter Shell Pipe Line Company

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved 19

OIL CONSERVATION COMMISSION

By:

Title

.....
(Company or Operator)

By:
(Signature)

Title

Send Communications regarding well to:

Name

Address