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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			(Place)						
WE ARE H	EREBY R	EQUESTI	NG AN ALLOWA	BLE FOR A	WELL KNO	WN AS:		(Date)	
Cscar I	Bourg Dr	illing C	ompany	State	Well No	in in	SW	1/4 SW	1/4
(Con	npany or Op	erator)	., т225 , к	(Lease)	,	×	ø	/ • • • • • • • • • • • • • • • • • • •	·····/4,
Van Let	, Sec	36	, T	273,	NMPM.,	langino i	er e e e		Pool
Loa			County. Date Sp	nudded ⁵	/16/58	Date Drilling	conleted	9/25/5	8
Please indicate location:									
			Elevation Top Oil/Gas Pay	3660	Name of	Prod. Form.	Queen S	land	
DC	В	A	PRODUCING INTERVA						
			Perforations	= 3660~3	792				
E I	G	H	Open Hole		Depth	1.000	Depth	2//2	
			Open Hole		Casing :	Shoe	Tubing_	3660	
LI	(]	I	OIL WELL TEST -						
~ '	` "		Natural Prod. Tes	st:b	ols.oil,	bbls water in	hrs,	min.	Choke Size
			Test After Acid o						_
M. I.	0	P	load oil used):						
l		1 1	GAS WELL TEST -						·—
	1								
Tubing Casi	C	antina Basan	_ Natural Prod. Tes						
Sire	ng and com Feet								
			Test After Acid o	or Fracture Tre	atment:	MCF	/Day; Hours	flowed	
8-5/8	338	250	Choke Size	Method of T	esting:				
. 1	1000	AL'A	Acid or Fracture	Treatment (Give	amounts of ma	terials used su	ch as acid.	water oil	and
1	4003	250	sand): 37,500						
			Casing BCO	Tubing	Date first ne	W Ootob	an 12 7	oca oca	
ļ									
}	'		Oil Transporter_	onec.	Fipe Same	corporation	<u> </u>		
			Gas Transporter						
Remarks:	•••••••••	••••••••				••••••			
	•	• • • • • • • • • • • • • • • • • • • •	•••••			•••••••			•••••
	•	••••••	••••••					•••••	•••••
I hereby	certify th	at the info	rmation given abov	e is true and	complete to the	e best of my kno	wledge.		
Approved	**********************	••••••			Ose	ar Bourg Dr	•••••	ompany	
						Company or C	perator)	4	
OIL	CONSER	VATION	COMMISSION	Ву	:	401	11116		• · · • • • • • • • • • • • • • • • • •
L.	est i				A	(Signatus	e)		
ly: July	7.5	7/1	11/1266	Ti	ile	126			
Title					_	ommunications 1			
***************************************		***************************************		Na	meOsc	ar Bourg Dr	illing C	D	
					Box	953. MA1.	od Town		