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 ent. 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.

							PWF 47, 1777		
					(Place)		, in		
E ARE H	EREBY RE	QUESTI ation,	ing an allov Ing.	VABLE FOR State	A WELL KNO	OWN AS:	inin.	NW 1/4	
E Cor	party or Ope	rator) 32	_ 225	(Lease)	373 200 2	Lang	ile Wettix	,,,/41	
Um La	, Sec		, Т,	, K	, NMPM., a 1			Pool	
	Lea	·····	County. Date	: Spuddęd _{Ka}	c/L/>y	Date Drill	ing Completed	12/15/53	
Pleas	e indicate lo	cation:	County. Date Elevation Top Oil/Gas Pa	3594	Total	Depth	Queen ,	of Jak	
D	В	A				or prod. Form.		<u> </u>	
			PRODUCING INTE	3594	- 3709				
E :	F G	H	Open Hole	 	Depth Casing	380 Shoe	Depth	3594	
	į		OIL WELL TEST						
L	K J	I	1		bbls.oil-	bhle wat	erin hre	Choke ,min. Siże	
			ŀ					qual to volume of	
M	N O	P						O Choke 18/6	
			GAS WELL TEST						
			Natural Prod.	Test:	MCF/Da	y; Hours flow	red Chok	e Size	
bubing ,Cas	ing and Geme	nting Reco	_		ick pressure, etc				
Size	Feet	Sax	Test After Aci	id or Fracture	Treatment:		MCF/Day; Hour	s flowed	
8 5/8	330	275	Choke Size	Method (of Testing:		 		
5 1/2	3800	3.75	Acid or Fractu	re Treatment (Give amounts of	materials use	d, such as acid,	, water, oil, and	
- J L/ E	20003	जीक है _क री 	J 25.0	ion callons	of1 and 75	.000 # sau	nd		
2	3594		Casing 900 Press. 900	Tubing 20	Date first oil run to Pipe Line C	new Dace	ember 23, 1	959	
			Oil Transporte	Sholl	Papa Line C	orporation	<u> </u>		
			Gas Transporte	rSk ell y	Cil Compan	7			
.emarks:					***********************	••••••	••••••••••		
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pproved				, 19		(Company	y or Operator)	•••	
OI	L CONSER	VATION	COMMISSION	N _	Ву:	, ()	gnature)		
111	9		1. 1.		Agen	_	gnature)		
1: m. ()	911/6	400	126-11	*************	Title		tions regarding	well to:	
itle		<u> </u>	·····		Corre		ration, Inc		
	, .				Name	•••••••••••••••••			
					Address	アフノタ 単記は上	and, Texas		