## 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.

			Houston, Texas				October 31, 1968		
				(Place)				(Date)	
VE ARE F	HEREBY R	EQUESTI	NG AN ALLOWABL	E FOR A WELL	KNOWN	AS:			
Curtis	Hankamer	<b>C</b>	Gulf Federa	L. Hanagan, Well	No3	, in S <b>1</b>	/ <b>32</b> //	, NW	
( <b>Co</b>	mpany or Op	erator)	olea (	Lease)	T Fan	anai matai		_	
Unit Le	ater .		, T 248 , R						
L	ea		County. Date Spud	ded 8/11/62	Date	Drilling Com	pleted	9/4/62	
	se indicate		Elevation	<b>3605</b> . 1	「otal Depth_	5049.	PBTD_	2015.	
			Top Oil/Gas Pay	4972'	Name of Prod	. Form. Dela	ware Sa	nd	
D	C B	A	PRODUCING INTERVAL	•					
			Perforations 4	988' and 4989'					
E	F G	H	Open Hole		Depth	50ka i	Depth	4991'	
0					asing Shoe		rucing		
L	K J	I	OIL WELL TEST -					Cho	
ا "	A	*	Natural Prod. Test:	<u> </u>	<u> </u>	bls water in _	hrs,		
			Test After Acid or						
M	N O	P	load oil used): 8	bbls.oil,3	2 bbls	water in 2	thrs, 0	_min. Size_F	
			GAS WELL TEST -						
90 ====	FNI. 660				ume to u	6)	GL . I	C.	
			_ Natural Prod. Test:					51 Ze	
•	sing and Cem	_							
Size	Feet	Sax	Test After Acid or	Fracture Treatment:		MCF/1	Day; Hours	flowed	
8-5/8	303	200	Choke Size	_Method of Testing:			·		
			Acid or Fracture Tre	natment (Give amount	s of materi	als used, such	as acid,	water, oil, a	
4-1/2	5049	200	sand): 500 gals						
								- 711	
			Casing Tu Press. O Pr						
			Oil Transporter Re	rmian Corporat	tion, P.	). Box 3119	, Midlar	nd, Texas	
		1	Gas Transporter			<del></del>			
Remarks:		••••		<i>(</i>					
				Yall !!	Ĺ		<u>*,</u>	NOTE:	
						***********			
I here	hy certify t	hat the info	ormation given above	is true and comple	te to the be	st of my know	vledge.		
			, 19	Channel of a	Hanksm	er /			
Approved			, 10	//		Company or Op	emtor)	<i>;</i>	
^	II CONSE	D V AZDION	COMMISSION	By: U	ulls	Hand	an	$\omega$	
J	IL CONSE	KVAPION	COMMISSION		•	(Signature	)		
/	[4][	1/2		TitleOp	erator				
3y:			***************************************	Estituide.	Send Com	nunications re	garding w	rell to:	
Title					urtis Ha	nkamer			
				Name	421 Bank	of the Sc	uthwest	Bldg.	
				AddressH	ouston 2	, Texas			