NEW MªXICO OIL CONSERVATION COMMISETON Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

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.

			Kermit, Texas		4-25-61 (Date)		
NE AOF	UEDERV DI	FOLIESTI	NG AN ALLOWABLE	, ,	OWN AS:		(2.20)
			Federal Hanagan			SN 1	4
(C	ompany or Op	erator)	(Le	ase)	• • • • • •		•••••••••••••••••••••••••••••••••••••••
0	Sec.	15	(Le T. 24–8 , R 3	2-E NMPM., DOL	Die X - Dela	War e	Pool
			County. Date Spudde				
	se indicate l		Elevation 3620.47	Total	Depth A955 1	PBTD	1919
Pica	ise indicate i	ocadon.	Top Oil/Cas Pay 490	Name o	f Prod. Form.	Delaw	170
D	C B	A	PRODUCING INTERVAL -			•	
			Perforations 4	902 - 49081			
E	F G	H	Open Hole	! MANTO	Shoe LOLO	Depth Tubing	4734
ì							
<u> </u>	KJ	T I	OIL WELL TEST -				Choke
				bbls.oil,			
	—	P	f	cture Treatment (after			Choke
М	N O	P	load oil used): 86	bbls.oil, 6	_bbls water in _2	hrs,	min. Size 2
			GAS WELL TEST -				•
			Natural Prod. Test:	MCF/Da	y; Hours flowed _	Choke	Size
tubing ,Co	sing and Cem	enting Reco	ord Method of Testing (pit	tot, back pressure, etc);		
Sire	Feet	Sax	Test After Acid or Fra	acture Treatment:	MCF	/Day; Hours	flowed
0.5/0	20071	200	Choke SizeMe	ethod of Testing:			
8-5/8	10871	375		P	torial a wood on	sh as acid	water oil and
42	4944	200	1	ment (Give amounts of	materiais used, so	icii as aciu,	water, orr, one
			sand): 500 g	no Date first	new	/ >	
2-3/8	4734		Press. 1100 Press	. 1100 oil run to		-	
			1	Coll Corp-Crude		ing - Te	16C9
<u></u>		<u> </u>		in Vicinity			
Remarks:	P1	ease ma	ke allowable effec	LIVE 4-21-01			
			Dill X	Not S			••••••
	•••••		·	M. A.		ladea	
I her	eby certify the	hat the inf	formation given above is	true and complete to	the best of my known		
Approved			, 19	Galk G	1. Corporation	Operator)	
	//		n observed	Bu:	PHER	; 	
	OIL CONSE	KVATIO!	N COMMISSION	Ву:	(Signati	ure)	
Ru ////////////////////////////////////				Title Area Pr	Title Area Production lanager		
Dy	e 		**····································	Send	Send Communications regarding well to:		
Title	<i></i>	-		Name Gulf	Al Corporati	on	
			•		c 766, Kermit		
				Address	#	P	