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)		July 21, 1959 (Date)
			ING AN ALLOWABLE I			
. Georigo (C	In Buckle ompany or O	B.BCompar perator)	ny Elliott-Fede (Lca	ral, Well No	1 , in	NB
Lot. 1	, Sec	34	, T26-S, R32	- E, NMPM.,	Undesigna	ted Pool
· • • • • • • • • • • • • • • • • • • •	Lea		County. Date Spudded	June 26. 1959	Date Drilling Co	mpleted July 9, 1959
	Please indicate location:		Elevation 3101 G.L. Total Depth 45501 PBTD 45331			
D	C B	A	Top Cil/Gas Pay 1115	Name of	Prod. Form. De	laware
			PRODUCING INTERVAL -			
E	F G	H	Perforations 10,50	<u> - 1/1661</u>	1	
-	• •	"	Open Hole None	Depth Casing S	hoe 1510	Depth Tubing 1:31:8
	- -	 _ 	OIL WELL TEST -			
L	K J	I	Natural Prod. Test:	bbls.oil,	bbls water in	Choke hrs, min. Size
						of oil equal to volume of
М	N O	P				Choke hrs, O min. Size 12/6
		٦	GAS WELL TEST -		<u></u>	113, 10 min. Size 12/b
				var /s		
tubing Car	ing and Cem	enting Record	Method of Testing (pital	MOF/Day;	Hours flowed	Choke Size
Size	Feet	Sax	me ones of resulting (price)	uno Trackers	·	
0 17 /0						Day; Hours flowed
8-5/8	273	125	Choke Size Meth	lod of lesting:		
4-1/2	4540	125	Acid or Fracture Treatme	nt (Give amounts of mat	erials used, such	as acid, water, oil, and
			sand): 250 galoons Casing Tubing	of Spearhead Ac	44	
2-3/8	4348	-	Press. Press.	3000 oil run to tan	ks hly 13	1959
			Gil Transporter Per			
	<u> </u>		Gas Transporter Non			
emarks:	Measured	gas oil	ratio was 175 cubi	c fest per barre	1	•••••••••••
······································	***************************************	••••••	••••	······································	*************************	••••••
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			rmation given above is tru			
proved			, 19	eor	ge.L. Buckle (Company or Op	s. Company erator)
	•		COMMISSION	Ву:		(Robert M. Orr)
		126		•	(Signature)	
:	(1/ j		itaya yili sanaya kanana sa	Title	Engineer	
14- 2	- 2 (•	- / / / · · · / · · · · · · · · · · · ·		₩	
=	- <i>L</i> (770 - Primmin	Send Con	mmunications re	garding well to:

Address P. D. Box 387 - Monahans, Texas