## 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.

		Hobbs, New Mexico		xice	July 16, 1959		
				(Place)			(Date)
WE ARE I	HEREBY R	<b>EQUESTI</b>	NG AN ALLOWABLE	FOR A WELL KNO	OWN AS:		
Sameda	en Oil Co	rperatie	Hughes B-2	Well No	9 in.	SW 1/4	SE 1/4
·Cc	ompany or Ot	erator)	(Lea	se)			
Unit Li	Sec	<u>y</u>	, T. 235 , R 3	/ <u>K</u> , NMPM.,	Langile -	MACCLX	Pool
			C D	. 6-23-59	Pada Padaata A		7_2_50
			Elevation 3292	4 Total	2634 3634	DDTD	3614
Plea	se indicate l	location:	Top Oil/Gas Pay 34				
D	C B	A			-		
1			PRODUCING INTERVAL -			532-56,	
<del></del>		+	Perforations	3566-84, 3594-3	600		
E	F G	H	Open Hole None	Depth Casing	Shoe 3632	Depth Tubing	3570
						<del></del>	
L	K J	Ī	OIL WELL TEST -				Choke
]			Natural Prod. Test:	bbls.oil,	bbls water in	hrs,	min. Size
	50		Test After Acid or Frac			•	- · ·
M	N O	P	load oil used):	_bbls.oil,	_bbls water in	3 hrs, 0 m	nin. Size 24/6
	•		GAS WELL TEST -				-
			<del></del>				
		<del></del>	Natural Prod. Test:	MCF/Da	y; Hours flowed	Choke Si	ze
•	sing and Com		rd Method of Testing (pito	t, back pressure, etc	•):	· · · · · · · · · · · · · · · · · · ·	
Size	Feet	Sax	Test After Acid or Frac	ture Treatment:	MCF	/Day; Hours fl	owed
9 5/8	573	275	Choke Size Met	hod of Testing:			
	<del> </del>						
4 1/2"	3632	500	Acid or Fracture Treatme				ter, oil, and
(-	<del> </del>		sand): Frac treate	d 15,000 oil an	nd 22,500 same	<u> </u>	
2 3/8*	3570		Casing Pkr. Tubing Press.	275F Date first in oil run to	new tanks July 1	3, 1959	
			Oil Transporter Perm				
			Gas Transporter None			<del></del>	
	<del></del>		Gas Transporter	100000 /2004	,		
lemarks:		••••••••			****************		•••••
		•••••			<b>***</b>	•••••	
	•••••	• • • • • • • • • • • • • • • • • • • •				•••••	
I herel	by certify th	at the info	rmation given above is t				
pproved	•••••	**********	, 19	Samedan	Oil Corporat	•••••	
••			·		(Company or C	perator)	
OI	L CONSE	RVATION	COMMISSION	By:	essate	2	• • • • • • • • • • • • • • • • • • • •
					(Signatur	<b>(5</b> )	
y:	1//			. I ILIC	ct Clerk	•••••	
- 22		/	1.7	Send	Communications	regarding well	to:
Title			. · · · · · · · · · · · · · · · · · · ·	. Name Sameda:	n Oil Corpora	tion	
		•					_
				Address Box	2137, Hobbs,	NEW MEXIC	R