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)	W		ate)	
		•	ING AN ALLOWABLE			CE I		
T. F. Hedge (Company or Operator) H , Sec. 32			(Le	, Well No	.*, in .Talmat	1/4		
Umit L	Se	c 36	, T, R.	, NMPM.,	96266		Pool	
			County. Date Spudde	Dec. 18, 1957	Date Drilling Copputs 3363	mpleted 12-	-29-57	
Please indicate location:		Top Oil/Gas Pay 314	8 Name of	Prod. Form.	Yates			
D	C B	A	PRODUCING INTERVAL -	0.0140				
E	F G	H	Perforations 314 Open Hole	Depth Casing	Shoe 3363	Depth Tubing 33:	15	
L	K J		OIL WELL TEST -				Choke	
			Test After Acid or Fra	bbls.oil,	recovery of volum	e of oil equal to	volume of	
M	N O	P	load oil used): 105	bbls,oil,	bbls water in 24	hrs,min.	Choke 18,	
			GAS WELL TEST -					
8 5/8" 610 400 5 1/2" 3363 150		Choke Size Me		aterials used, su	ch as acid, water,	oil, and		
			Casing 840 Tubing Press. 840 Press	d acid 15,000 g Date first n oil run to t	let. Frec ell lew lanks 1-13-	30,000 <u>15</u> 8	, sam	
·	 	+	Oil Transporter	McNeed Corp.				
		<u> </u>	Gas Transporter					
marks:								
••••••	•••••	••••••		33,08 mm		•••••	30	
I here	by certify t	hat the inf	ormation given above is	true and complete to ti	he best of my kno		3	
proved	*************		, 19	T. F.	(Company or C	perator)		
o	IL CONSE	RVATION	COMMISSION	By: 1/100	By: Mayne Newson (Signature)			
•	<u> </u>	7-21	1 Bak A	Title Prod.	Supt. Communications	regarding well to:		
itle				·	T D Madaa			
					Continental Worth 2, Yes			