(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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			Fort Worth, Texas Sept	(Date)
WE ARE	HEREBY	REQUEST	TING AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
		-	Mary R. Wills-Federal , Well No. 1 , in SW 1/4	NW 1/4
( (	Company or	Operator)	(Lease)	,
Unit	Letter	Sec33	, T. 26-8 , R. 37-E , NMPM., Jalmet	Pool
• • • • • • • • • • • • • • • • • • • •	Lea	· · · • · · · · • · • · • • • • • • • •	County. Date Spudded	
Please indicate location:			Elevation Total Depth 3662 PBTD	
D	С	ВА	Top Oil/Gas Pay 3150 Name of Prod. Form. Yates	
			PRODUCING INTERVAL -	
E	F	G H	Perforations 3159-68 3171-88 3194-98  Depth Depth	·
0			Open Hole Casing Shoe 3442 Tubing	3105'
L	К	JI	OIL WELL TEST -	Choke
-			Natural Prod. Test: 68 bbls.oil, 0 bbls water in 24 hrs,	min. Size_32/0
M	N	0 P	Test After Acid or Fracture Treatment (after recovery of volume of oil equa-	to volume of
"	, a	0   P	load oil used): bbls.oil, bbls water in hrs, n	nin. Size
			GAS WELL TEST -	
			Natural Prod. Test:MCF/Day; Hours flowedChoke Si	i ze
•	asing and	Sementing Reco	ord Method of Testing (pitot, back pressure, etc.):	·
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours fi	lowed
8 5/8" 633' 400		600	Choke Size Method of Testing:	
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, wa	ter, oil, and
4 1/2	" 3442	200	sand):	
			Casing Tubing Date first new Press. Press. Of Oil run to tanks	
			011 Transporter Letas Dew Mexico Repele	ne Co-
			Gas Transporter Done	
Remarks:	•••••	•••••		
,				
I her	eby certify	that the infe	formation given above is true and complete to the best of my knowledge.	
Approved	••••••		, 19. T. F. HORGE (Company of Operator)	
			Kesa hideon	
C	DIL CONS	SERVATION	N COMMISSION By: (Signature)	***************************************
Rv.		Alex	Title Production Hanager	
- governing	or in the course		Send Communications regarding wel	l to:
Title	***************************************		NameI. Hodge	
				••