## 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.

					HOD	Nov.	11, 19	58		
					(Place)			(Date)		
ARE HE	REBY RE	QUESTI	NG AN ALLOW	ABLE FO	R A WELL K	NOMN Y	AS:	05	<b>\$</b>	
1. r. H	odge		Wills Fed.		, Well No	2	, in	SE	½N	1/4,
F (Comp	any or Opei	33	., T26S	37E	NMPM		Jalmat			Pool
Times Laster	r									
Le	<b>.</b>		County. Date S	Spudded	10-3-58	Date	Drilling Co	apleted	10-14	-58
Please	indicate lo	cation:	Elevation	3206		al Depth	3430	PBTD_	<del></del>	
D C	В	A	Top Oil/Gas Pay		Name	e of Prod.	Form.	. 4 0	<u> </u>	
	.		PRODUCING INTER	VAL -			_	-		
E <b>JP</b>	G	H	Perforations	3206-1	3, 3221-26,	3248-58	3 222	Depth		<del></del>
E   ₹	"	n	Open Hole	None	Cas	ing Shoe	3430	Tubing_	3330	
			OIL WELL TEST -							
L K	J	I	Natural Prod. T	est:	bbls.oil,	bb	ls water in	hrs,	min	Choke • Size
					re Treatment (af					
M N	0	P	load oil used):	90	obls,oil,	) bbls w	ater in 24	hrs.	Cho min. Si:	oke 20/
		<i>J</i>	GAS WELL TEST -			,				
					MCF,					
bing ,Casir Sur	g and Cemer Feet	ting Mecor Sax			back pressure,					
		SAX .	7		re Treatment:					
8 5/8	618	325	Choke Size	Method	d of Testing:			·		
4 1/2	3430	175	Acid or Fracture	e Treatment	(Give amounts o	of materia	ls used, suc	n as acid,	water, oi	il, and
4 1/2	3430	1/5	10,00	O gals.	frac oil	20,000	o lbs. sa	nd		
	}		Casing	Tubing Press.	Date fir	st new to tanks	10-30-5	8		
			Oil Transporter	McWe	ood Corp.					
			Gas Transporter							
marks:					<i>y</i>					
i	•••••	**************			716.	13.				
		• • • • • • • • • • • • • • • • • • • •			••••••					
							of my know	vledge		
			ormation given ab		T. F.	Hodge	of my knov	•10 <b>0</b> 60.		
proved				., 19			ompany or O	perator)		
OII	CONSED	VATION	COMMISSION		By:	ann.	Ste	-	- 	
OIL	CONSER	VATION	COMMISSION		and a superior of the second		(Signature	•)		
	-,5	10 1	Mach.			t. Prod		····		
······································							unications r	egarding	well to:	
le	*********	. 6			Name	F. Hodge	8			
					11	12 Cont	inental I	Rank Bl	da. Ft.	Worth