## 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.

ARE HERERY RECITESTIN			(Place) NG AN ALLOWABLE FOR A WELL KNOWN AS:			N AS:	(Date)		
F. Ho	dge	W11	ls Federal		. Well No	in	NW 1/2	NE 1/4	
(Con	npany or Ope Sec.	rator) 33	, T <b>26</b> S,	(Lesse) R 37E	IMPM.	Jalmat	,,	Pool	
Unn Lett Lea	ier		County. Date	Spudded 5-2	9-59 D	ate Drilling Co	cample ted	6-7-59	
Please indicate location:		Elevation	3236	Total Dept	h	PBTD			
	·   -	A	PRODUCTNG TATE	RVAI -		od. Form.			
	×		Perforations	3236-32 3299	32				
1	G	H	Open Hole	3299	Depth Casing Sho	<sub>e</sub> 3299	Depth Tubing	3253	
1	K J	I	OIL WELL TEST	Test:bb	s.oil.	bbls water in	hrs.	Choke	
	1 0	P	Test After Aci	d or Fracture Trea	tment (after rec	overy of volum	e of oil equa	l to volume of	
			GAS WELL TEST		.1,bb1	s water in	nrs,	min. Size	
				Test:	MCF/Dav: H	ours flowed	Choke S	i 7e	
ng Casi	ing and Ceme	nting Recor	_	ing (pitot, back p					
Size Feet		Sax		d or Fracture Trea					
5/8	603	400	Choke Size	Method of Te	esting:				
1/2	3299	200	Acid or Fractur	re Treatment (Gi <del>ve</del> <b>Gals. M. A.</b>	amounts of mate:	rials used, suc	ch as acid, wa	ater, oil, and	
			Casing 825	Tubing 125	Date first new	6~15	-59		
			Oil Transporter	Texas Ne	w Mexico Pip	eline Co.	. , ,		
			Gas Transporte:	51 V-44	Metural Gas	Co.			
arks:		••••••			*****************				
•-•					***************************************	*****************			
I hereb	y certify the	at the info	rmation given al	bove is true and	complete to the	best of my kno	wledge.		
roved				, 19	T. F. Hedg	(Company or C	perator)		
OIL CONSERVATION COMMISSION					Mayer	Signatur	* * * * * * * * * * * * * * * * * * *	***************************************	
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<u>%</u> .	11-122		. LILYCLL.	In		nmunications		ll to:	
e	**************	••••••		Na	meT.F.	Hodge	····		