## REQUEST FOR (OIL) - (GAS) ALLOWABLES OFFICE OR Well OR Completion

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/kilom Q101 Mas sont. 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.

				-	Midland, (Place)	Texas	Augu	August 2, 1960 (Date)	
E ARE H	EREBY R	EQUESTI	NG AN ALLO  1 Corp. 1	Western-F	a well knov edexal no	WN AS: 1, in	NV 1/4.	NW 1/4,	
	npany or Op Sec				, NMPM.,				
	Lea		County. Date	te Spudded	<b>4-21-60</b> Total De	Date Drilling Go	mpleted	5-14-60	
Pleas	e indicate	location:	. Top Oil/Gas	Pay 6536	Name of	From. Form. I	rinkard		
D	В	A	PRODUCING IN	TERVAL -			-		
E	F G	Н	Perforations Open Hole	653	<b>6-6982</b> Depth Casing S	moe 7052	Depth Tubing	6502	
L	K J	I	OIL WELL TES	<u>r</u> -				Choke	
			Test After A	cid or Fracture	bbls.oil,	recovery of volume	e of oil equa:	to volume of	
M	N O	P	load oil use	d): <b>143.4</b> pk	ols, oil,	orls water in	<b>24</b> hrs, <u>0</u>	Choke nin. Size_ <b>13/6</b>	
20 1 77	6 377		GAS WELL TES	-					
30 ' FN					MCF/Day:			. ze	
ubing ,Cas Sur	ing and Ger Feet	menting Reco			pack pressure, etc.)	-		Lawad	
	1	1	<b>-</b> 7		Treatment:				
3-3/8	319	350			of Testing:				
9-5/8	2978	2000			(Give amounts of ma				
<i>y</i> - 3, 0	-	250	Ssand):	30,000	Bal refine Date first ne	ed crude &	30,000#	sand	
7	7052		Espress. Pkr	Press-	<b>000</b> oil run to ta	nks	<del>27=60</del>	······	
		HYS-40	4		as-New Mexic				
	<u> </u>	<del></del>							
marks:					11-21-		***************************************		
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						. have of 1600	lados		
I hereb pproved	oy certify t			above is true , 19 <b>60</b> .	and complete to the	Prochage	O11 Corp	oration	
O]	L CONSE	RVATION	COMMISSIC	ON	By:	(Signatu	Ls.		
vl/	12,		4/11/11		Title. Distr	ict Superi	n <b>tendent</b> regarding we	ll to:	
tleEnc			ineer Distric	•	NameAnde				
					Address Box	196, Mdl	ınd, Tex	88	