REQUEST FOR (OIL) - (GAS) ALLOWABLE OF THE ONE Well

Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil op Cas 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.

				Howe Kor I	osiso	June 20,	
WE ARE	HEREBY R	EQUEST	ING AN ALLOWABLE	(Place) FOR A WELL KNO	OWN AS:		(Date)
Thent	al oil (ING AN ALLOWABLE	Well No.	iı	SE 1/2	NW
K. (C	Company or O	perator)	(Le :	se)	ziestenate	and the same	Win to
SON Unit 1	Letter	•	(Le.	, NMPM.,	Control and Control of the State of the Stat	6	6. 6.
			County. Date Spudder	Total 5	Date Drilling	Completed (2)	-7-03
Ple	ase indicate	location:	Top Oil/Gas Pay	Name of	Prod. Form.	ansey Sa	wi
D	C B	A	PRODUCING INTERVAL -			The state of the s	
				· 14 4 8 334			
E	F G	Н	Open Hole	Depth Casing	Shoe 4 1/2	C 4271	401.54
			OIL WELL TEST -				
L	K J	I	Natural Prod. Test:	bbls.oil,	bbls water	inhrs,	Ch min. Si
			Test After Acid or Frac				
M	N O	P	load oil used): 조기하				
dens a			GAS WELL TEST -		_		_
נייינאני:	Alla Black	ر الرواز	Natural Prod. Test:	MC /n	u Hours Els	Cl.) -	
Tubing Ca	asing and Cem	enting Reco	_				
Size	Feet	SAX	and those of Testing (price				
8 5/8	3 297	300	Test After Acid or Frac			F/Day; Hours f	lowed
		37/4	Met	noo cr resting:			
4 2/3	1 4244	150	Acid or Fracture Treatm				
2 3/6	4165		sand):	. Dodo finat n	0111		rude, T
- 3/			Casing Tubing Press.			3	
			Oil Transporter		on, Ben 41	57. 111d2	and, T
	3,00¢# s	in mil	Gas Transporter	숙 경기 (1881년 경 등).	· · · · · · · · · · · · · · · · · · ·		
Remarks:.	apont i	Kara g	THE MARK IT ADOR		zil. Wh a	ald.	
·····	77				227	100	
<u></u>					Add to	<u> </u>	
I here	by certify th	at the infe	ormation given above is t			_	
Approved.		•	, 19		Company or		
	II 001/05	```		. (hn	La fella	الماسان	
(9	IL CONSEI	RVATION	COMMISSION	By:	(Signati	ıre)	
3y: 🔟	1044		TT Trans 1 1	Title 13	Mat. Supe	rintende	a:
7	······································		Marie Ma	. I ILIC	Communications		
Title	***************************************	·····		Name	mental ()	l Compan	V
(5)	ane et	1.5		. Vallie			
13 · · · · · · ·	• • • • • • • • • • • • • • • • • • •	,		Address	127. Johns	p No No	

DEVIATION TEST HUNS - RUSSELL FEDERAL 31 NO. MATERIA GCC

<u>DEPTH</u>	INCLINATION	1553 JUN ADATE 10 22
295' 820' 987' 1393' 1940' 2456' 2503' 3186' 3555' 3960' 4170'	3/4 13/4 11/2 3/4 11/2 13/4 3/4 3/4 2 1/4 2	5-30-63 6-1-63 6-1-63 6-1-63 6-2-63 6-3-63 6-4-63 6-4-63 6-8-63 6-9-63

Assistant District Superintendent

Subscribed and sworn to before me talls 20th day of June, 1963

Notary Public in and for Lea County, New Merico

My Commission empires 11-14-66