## REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

			-		Hobbs, New Me	exico 8-13-59 (Date)
VE ARE F	IEREBY	REOUEST	ING AN ALLOWABLE		` '	(Date)
						in
( <b>Co</b>	mpany or C	Operator)	(1	Lease)	(Fowler Up	oer Silvrian)
Unn Letter Sec. 22			, T243 , R3	3 <b>75</b> , N	MPM., Underignate	per Silurian)
	,,,,,		OC	;		•
			County. Date 300	2 NP	1-59 Date Drilli	ng Completed 8-5-59
Please indicate location:						<b>7856</b> PBTD <b>7500</b>
D	C E	A	1		Name of Prod. Form.	Silurian
İ		- I	PRODUCING INTERVAL -			
			Perforations 729	6-7310		
E	F G	H	Open Hole		Depth Casing Shoe	Depth Tubing
				<del></del>		1 001111g
	N O	I	OIL WELL TEST -			Choke
		*	Natural Prod. Test:_	bbl:	bbls water	in hrs, min Size
			Test After Acid or Fi	racture Treat	tment (after recovery of vo	olume of oil equal to volume of
M		P	load oil used): 96 bbls.oil, 0 bbls water in 24 hrs,min. Size 13/6			
			GAS WELL TEST -			
6/4 SB/I	Sec. 2	22	<del></del>		Mar /a u ca	
ubing Cos	ing and Ca	menting Reco				Choke Size
Size	Fret	SAX	medice of resulting (p.			
			Test After Acid or Fi	racture Treat	ment:	MCF/Day; Hours flowed
13-3/8"	310	380	Choke Size	Method of Tes	sting:	
				1		
9-5/8#	4374	725	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 2000 gallons acid			
5-1/2"	7856	300	Sand): Zooc gar Casing Tubi	ng acto	Date first new	
<del>/ -/ -</del>	1070		Casing Pkr Press. 500 Date first new oil run to tanks 8-5-59			
			Oil Transporter S	hell Pipe	Line Co.	
<del></del>		<del></del>	Gas Transporter			
emarks:	Well r	ecomplete	ed from Fusselman	to Upper	Silurian formation	n
	• • • • • • • • • • • • • • • • • • • •	1.11			Some decide	11. 116111
•••••						
I hereb	v ce <del>rt</del> ify t	hat the info	ermation given above is	true and co	omplete to the best of my l	nowledge
			· ·		<u>-</u>	m.Corporation
pproved	••••••••••	••••••••••••	, 19		(Sommany s	
OIL CONSERVATION COMMISSION				<b>D</b>	7 W/B	
				•	(Signa	*******************
				T:Al-	Area Super	
·		K. 6	and the state of t	1116	Send Communication	
tle	•••••••••••••••••••••••••••••••••••••••	·····			e	_
				Add:	ressBox 68 - Hoi	be. New Mexico