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 6-101 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.

				(Place)	11y 2, 0k		(Date)
E ARE	HEREBY	REQUESTI	ING AN ALLOWABLE FOI	R A WELL KNO	OWN AS:	013	
R. OLSEN (Company or Operator)			(Lease)	, Well No	, in	SE	1/4. SW 1/4,
N , Sec					Langlie	-Mattix	Pool
	Lea		County. Date Spudded	8-22-58	Date Drilling	Completed	9-4-58
Please indicate location:			Elevation 3207.4 (G.L.) Total Depth 3600 PSTD				
			Top Oil/Gas Pay 323				
D	C B	A	PRODUCING INTERVAL -				
	T 0	+ + +	Perforations	3810-3354 f	eet.		
E	F G	H	Open Hole	Depth Casing	Shoe 3596	Depth Tubing	3347
+	V T	 -	OIL WELL TEST -				
L	K J	I	Natural Prod. Test:	bbls.oil,	bbls water in	nhrs,	Choke min. Size
			Test After Acid or Fracture	e Treatment (after	recovery of volum	ne of oil equ	al to volume of
M	N O	P	load oil used): 20 bb	ols,oil, 2	_bbls water in 24	hrs,	Choke _min. Size 13 /
			GAS WELL TEST - NO	TEST.			
Size 10 3/	Feet 288	300 200 &	Method of Testing (pitot, b Test After Acid or Fracture Choke Size Method	of Testing:	MCF	/Day; Hours	
7"	3596	100	ACID or Fracture Treatment				
2"	3347		sand): 10,000 gallo Casing Press. 300# Press. 2				
			Oil Transporter Texas				
			Gas Transporter E1 Pa				
marks:		Well pr	esently shut in av	vaiting gas	hookup.		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	••••••			•••••		
			rmation given above is true	R. OL		wiedke.	
proved	•••••••••••••••••••••••••••••••••••••••		,, 19	<u></u>	(Company or C	perator)	
0	IL CONSE	RVATION	COMMISSION	Ву:	(Signatu	re)	
M.	221 4	Meng	hu NV	Title. S	ecretary	<i>-</i>	
	***************************************				Communications	regarding w	ell to:
tle		<i>[.]</i>	······································	Name2811	OLSEN Liberty B	ank Bui	1ding
				Address Okla	homa City	2, 0kla	homa.