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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

						Midland, Texas					
E AP	е нев	ERV RI	EOUESTI	NG AN ALI	LOWABLE FO	Place) OR A WELL	- •	A S.		(Date)	
									#	1/4 1864 1/4	
	(Compa	ny or Ope	rator)		(Lease)				•	
	Letter	, Sec.	13.	., Т. 278	, R	, NMPN	M., Disse	# Brane	me)	Poc	
		La		County: 1	Date Spudded	8-26-58	Bat	Drilling C	cupleted	11-12-58	
		ndicate lo		Elevation	3005 GL		Total Depth	7080	PBTD		
			T .	Top Oil/Ga	s Pay 5944	·	_Name of Prod	. Form.	Drinkar	<u> </u>	
D	C	В	^	PRODUCING	INTERVAL -						
			1	Perforation	ns 5944'	- 5970'	4-1/2 1	males per	foot		
E	xF	G	H	Open Hole	ns 5944*		Depth Casing Shoe	7019'	Depth Tubing	5902	
					EST - Prod			•			
L	K	J	I			_		_		Choke	
ĺ		1								min. Size_	
M	N	0	P							qual to volume of Choke	
				load oil u	ised):	bbls.oil,	bbls bbls	water in	<u>hrs,</u>	min. Size	
			لينك	GAS WELL T	EST -						
				- Natural Pr	od. Test			- T	Choke	Size	
ıbing .	Casing	and Come	nting Recor	Method of	Testina		GIB				
Size	•	Feet	Sax	Test After	Acid or		UID		Davi Hours	flowed	
13-3	1/8	560	450	Choke Size					557,		
	10		*	-							
9-5/	0	3390	1775	Acid or Fr	acture Treatmen	t (G ive amoun	nts of materia	ils used, suc	ch as acid,	water, oil, and	
7"		7019	1050	sand): Casing	4000 Tubing	Date.	first new		· · · · · · · · · · · · · · · · · · ·		
			· -	Press.	Tubing Press	oil r	un to tanks_	6-23	-59		
				Oil Transp	orter Text	s-Fev Ma	rice Pipe	Line Co.		····	
				Gas Transp	orter	Paso Bat	erral das	Co.			
marks	:		•••••		,			<i>,</i>	*************		
			····	Jan.	sti		G.X.	2		•••••	
**********	get g	1	5-4	. s.l.k	Jel	Les.	Jelow	46 m	And	<u></u>	
I he	ereby c	ertify tha	at the info	rmation give	n above is tru	e and comple	ete to the bes	t of my kno	wledge.		
prove	•				19	ANNER	on-Prich	M OIL C	DEPERAT:		
.				,	,			ompany or O	perator)		
	OIL e	ONSER	VATION	COMMISS	ION _	Ву:		land	ll	· · · · · · · · · · · · · · · · · · ·	
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tle	••••••••••	***********	<i>j</i> ryf	, 4	**************	Name					
						سمسادات ۸		tengle			
						Address	Box 196	tidland,	Texas		