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.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand					1	Hidland,	Tera	Ap	ril 21	1960
County Date Spudded in 21m60										,
County. Date Spudded. 1-21-60. Please indicate location: D C B A E F G H Control Interval. Depth Casing Shoe Goto Tubing 5263 Oli Well Test Natural Prod. Test: None Dist. Dist. Dist. Dist. Well and or Fracture Treatment (after recovery of volume of oil equal to values of load oil used): 100 bils.oil. Dist. Size 14/64 Sir Feet Sax Test After Acid or Fracture Treatment (after recovery of volume of oil equal to values of Choke Size Wethod of Testing: D-5/R 863 400 Constant Prod. Test: Well pitot, back pressure, etc.): Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Wethod of Testing: Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Wethod of Testing: D-5/R 863 400 Constant Prod. Test: Constant Constant Size Interval S	Ander	on-Pri	chard Oi	1 Corp.	Block	ex., Well N	o 7	, in	NE	NW1/4,
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emarks: To be dually completed from Bubb zone. I hereby certify that the information given above is true and complete to the best of my knowledge. Anderson-Prichard Oil Corporation (Company or Operator) OIL CONSERVATION COMMISSION By: Send Communications regarding well to: Send Communications regarding well to:	7	6069	1	Acid or Fracture						
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OIL CONSERVATION COMMISSION By: (Signature) Title District Clerk Send Communications regarding well to:	I here	by certify th	nat the infor	mation given abo	ve is true an	d complete t	o the best	of my knowl	ledge.	
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Address.Box.196, Midland, Texas