(Form C-104) Revised 7/1/57

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.

				Hebbs , Hew (Place)	Mexico	Nevember 6,	
WE ARE	HEREBY :	REQUEST	ING AN ALLOWABLE	E FOR A WELL KN	OWN AS:		ate)
Culf Oi	Mil Gerperation		Learcy McBuffing	ten Well No	9 in		1 /2
(C	ompan, or c	parator)	\ <u>*</u>	icase)			
Unit L	, Sc etter	.c	T. 25-8 R. 37	** NMPM.,	Justis Pus	solman	Poo
		Les	County. Date Spudd	led 6-28-58	Date Drilling	Completed A_1_	KA .
Please indicate location:			Elevation 30781	Total	Depth 7100	PBTD 709	31
D	СВ			67521 Name o			
, "		A	PRODUCING INTERVAL -				
		_	Perforations 675	12-68901			
E	F G	H		Depth Casing	Shoe	Depth Tubing	
			OIL WELL TEST -			1061110	
	KJ	I		196 Maria			Choke
				125 bbls.oil,			
M	N O	P		acture Treatment (after		,	Shart
				bbls, oil,	_bbls water in	hrs,min. 9	Size
			GAS WELL TEST -				
				MCF/Day	y; Hours flowed	Choke Size	· · · · · · · · · · · · · · · · · · ·
•		menting Reco	rd Method of Testing (pi	tot, back pressure, etc.	.):		
Size	Feet	Sax	Test After Acid or Fr	acture Treatment:	MCI	F/Day; Hours flowed_	
13-3/8"	402	450	Choke SizeM	ethod of Testing:			
	001.60	1000	Asid on Fracture Treat	ment (Give amounts of m	entonials wood sw		
9-5/8"	2046	1828	Į	ment (Give amounts of m	acerrars used, so	en as acid, water,	oii, and
7-5/8=	69071	735	sand): Casing Tubin	ng Date first n	new		
	0901	100	····)	oil run to t		_	
2-3/8*	68701	-		Teras-New Mexico		•	
lemarks:			Gas Transporter	Kl Paso Maturel	ies co.		
iciliai ks	*************		**		••••••	•••••••	
		•••••••			·····		
7 L1				1 1			
			ormation given above is			-	
pproved	ri	(1 \)	, 19	GML	(Company or C	Derator)	
OI	I CONSE	PVATION	COMMISSION	R.,)	VLEC C	
		1.50		Дү	(Signatus		
y - /	Sto	2000	ch / 4/	Title Ass	t, Area Prod	etion Sept.	
ent -						regarding well to:	
ие				Name	Gil Corpare	tion	
				Address Best	2167. Hebbs	. Nov Mexico	