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

				(Place)		May 13,	(Date)
Johns	on & Fr	ench Oil	NG AN ALLOWABLE	ral / Well No	#- 2	in. NW	W NE
(Company or Operator)		, T. 25S , R.	ase) SZE NACONO	I.a.	nolie Me	. da da di	
Unit I	Letter	_					
Please indicate location:			County. Date Spudde	d APFII 22,19	59 Date Drilling Depth 340	og Completed O PBTD	May 1,1959 3366
D	C B		Top Oil/Gas Pay 31				
			PRODUCING INTERVAL -				
E	F G	H	Perforations 32	85 Depth	···	3345	
			Open Hole	Casing	3399 Shoe 3399	Tubing	3330
L	K J	I	OIL WELL TEST -				Choke
	•		Natural Prod. Test: 1	•			,min. Size_
M	N O	P	Test After Acid or Fra load oil used): 18	bble oil 0	hhle water in	lume of oil e	qual to volume of Choke
			GAS WELL TEST -		DDIS Water III	~~	min. Size
			Natural Prod. Test:	MCE/Da	iv: Hours flowed	Chal	o Si
Tubing ,Ca	sing and Cer	enting Recor	d Method of Testing (pite				e 512e
Size Feet SAX		Sax	Test After Acid or Fra				s flowed
8 5/1	307	200	Choke SizeMe				
5 1/2	2 3399	300	Acid or Fracture Treatm	ent (Give amounts of m	materials used,	such as acid,	water, oil, and
-	7777	700	sand): 500 bbls.	011 - 10,00	O# sand	<u></u>	
		<u> </u>	Casing 430 Tubing Press.	400 oil run to	new tanks May l	2, 1959	
			Oil Transporter				eny
ļ	<u> </u>		Gas Transporter El				
Kemarks:	••••••••	••••			• #•••• • • • • • • • • • • • • • • • •	••••••	
	•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••		***********************	••••••	***************************************
I here	by certify th	nat the infor	mation given above is t	rue and complete to t	he best of my k	nowledge.	***************************************
			, 19	T. L	French (<u></u>
				4	(Company of	r Operator)	•
0.	IL CONSE	RVATION	EOMMISSION	Ву:	(Signa	ture)	
By:	-ci	Le Me	1/1/6/1/	. Title Part			
Title		1		Send (Communication	is regarding v	vell to:
				Name		•	
				Address BO	X 1248 Ja	1. New N	erica