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

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.

					Hobbs New Me (Place)	exico	Nay 29,	1958
WE ARE	HERE	BY R	EQUESTI	NG AN ALLOWABLE FOR				(Date)
Tides	ater	0110	ompany	.B. Coates "C"			SE	
(Company	or Op	erator)	(Lease) , T258, R#378			-	,
				County. Date Spudded	alless n	ate Drilling C	capleted 5-2	20_58
			ocation:	Elevation 3075				
D	C	В	A	Top Oil/Gas Pay 6710	Name of Pr	od. Form.	Pusselman	1
				PRODUCING INTERVAL -				
E	• F	G	H	Perforations 6793 683		1		
E	••	G.		Open Hole	Depth Casing Sho	e <u>7099</u>	Depth Tubing 6 9	243
	77			OIL WELL TEST -				
L	K	J	I	Natural Prod. Test:	_bbls.oil,	_bbls water in	hrs,	Choke min. Size
				Test After Acid or Fracture	Treatment (after rec	overy of volum	e of oil equal	to volume of
M	N	0	P	load oil used). 84,74 bb.	ls,oil, No bbl	s water in 17	hrs,mi	in. Size 14/6
				GAS WELL TEST -				•
				- Natural Prod. Test:	MCF/Day; H	ours flowed	Choke Siz	:e
tubing ,0	asing a	nd Ceme	nting Recor	Method of Testing (pitot, b	ack pressure, etc.):_			
Size	- 	'cet	Sax	Sax Test After Acid or Fracture Treatment: MCF/Day; Hours				
13-3/8	3 5	38	5 50	Choke Size Method	of Testing:			
				Acid or Fracture Treatment (Give amounts of mate	rials used, suc	h as acid, wat	er, oil, and
9-5/8	334	49	1300	sand): 500 gal mad				
7*	70	99	600	Casing Tubing Press. Packer Press. 30	Date first new		=	
2-3/8		943		Gil Transporter Tarasalla	w Mexico Pipe I	Line Compar	Y	
				Gas Transporter Kl Pass	Watural Gas Go	mpeny		78.3
Remarks:	This	isa Pobse	duale1	il. well completed in t	he-Fusselman-er	ed-Drinkard	i sehen, i	Mis repert
apprac	78 VQ 4	- ussa	lman onl		***************************************	••••••		
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		tory tha Vij	1	rmation given above is true a				
Approved	••••••	••••••		, 19	TIDEVATER O	(Company or O		
(DIL CO	NSER	VATION	COMMISSION	By D.J	aara	and a	2
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Ву:	خسسا	<i>f</i> d		CU .	Title Area	Supt	regarding well	to:
Title	••••••	<u></u>	•••••	······································	NameHaPa.			
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					Address Box 5	47 Hobba, l	Tew Mexico	