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

Hobbs. New Mexico

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					(Place)	*****		(Date)
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I		24	, T 25 \$, R.	37E N	MPM., UNDES) distance	justi s B1	inebry) Poo
				udded 11-5-	.58 _{Da} .	ta Drilling Co	mnleted	12-12-58
	se indicate		Elevation 307	7		7800	FBTD	
<u> </u>			Top Oil/Gas Pay	52741	Name of Pro	d. Form. Bli	nebry	
D	C B	A	PRODUCING INTERVAL	<u>L</u> -				
			Perforations 52	74-84, 528	8-92, 5330-4	2, 5347-54	ŀ	
E	F G	H	Open Hole		Depth Casing Shoe	7758	Depth Tubina	5424
			OIL WELL TEST -					······································
L	K J	I		L. LL1	: }	hhla	L	Choke
		•	Natural Prod. Test					_
м	N O	P	Test After Acid on load oil used):					
			load oil used):	bbls.oi	l,bbls	water in	_hrs,	min. Size
			GAS WELL TEST -					
			Natural Prod. Test	t:	MCF/Day; Ho	urs flowed	Choke S	Size
tubing ,Cas	ing and Cer	menting Recor	Method of Testing	(pitot, back p	ressure, etc.):			
Size	Feet	Sax	Test After Acid or	r Fracture Trea	tment:	MCF/	Day; Hours f	lowed
13-3/8	540	550	Choke Size	Method of Te	sting:			
9-5/8	3327	1100	Acid or Fracture T		amounts of gatori	iale weed suc	hasacid w	ater oil and
	ļ		500 ge1		000 gal. lea			
7	7758	700	sand): Casing pkr T Fress. p	ubing 5000	Date first new	12-19-58		
2-3/8	5357	 						
-3/0	333.		Cil Transporter	El Pas	o Natural Ga	s Co.		
	GOR 1700	_ 	→ Gas Transporter			· · · · · ·		
emarks:				7 . , ,			##	
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pproved			, 1	9	()	Company ord Orginal Standard	perator)	
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OI	L CONSE	RVATION	COMMISSION			(Signature	:)	
	1011	4/1/2	2/1/1/11	Tit!	C	uc tion Pos		
	ووو				Send Com	munications r		ll to:
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					Box 547	Hobbs	, New Me	xice
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