

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

REQUEST FOR (OIL) - (GAS) ALLOWARIES OFFICE Officenpletion

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 is 1014 assigned 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.

						Midlend,	Texas		Jammary J	14, 1960 (Date)
			-	NG AN ALLO						, ,
	Company	V AF OTH	PAROF)		(Lease)					1/4
J	Letter	, Sec	25	T 258	, R. 375	, NMPM.,	Jes	the Tabl		Pool
•				County Date	- Smidded	L2-5-59	Date	Drilling (completed	12-27-59
	lease inc			Elevation	3070	Tota	l Depth_	591.0	PBTD	5864
			, , , , , , , , , , , , , , , , , , , 	Top Oil/Gas Pa	ay 5746	Name	of Prod.	Form.	Tubbs	·
D	C	В	A	PRODUCING INT						
E	F	G	H	Perforations_	57/	5774 Dept	h		Denth	
•	r		*	Open Hole		Dept Casi	ng Shoe	5909	Tubing_	5742
L	K	J	I	OIL WELL TEST	•		•			Choke
	14	"	-	Natural Prod.	Test: 2	bbls.oil,	bt	ols water i	n <u>1 </u>	, _ min. Siże_
		•								qual to volume of
M	N	0	P	load oil used): <u>66.21</u>	obls.oil, 0	bbls w	vater in 2	hrs, <u>0</u>	min. Size 12/
ļ			11	GAS WELL TEST	. -					
650	FSA	KIL.		Natural Prod.	Test:	MCF/	Day; Hour	s flowed	Choke	e Size
ubdne	Casing (and Ceme	nting Reco			back pressure, e				
Size Feet			Sax							s flowed
				7		of Testing:				
9-5/	8 8	52	100							
7	59		33 Unit	Acid or Fract	ure Treatment	(Give amounts o	f materia	ls used, su	uch as acid,	, water, oil, and
	- 1		210 etc	sand): 200	Tubino	Date firs	t new			
			oement.	Press. Pkr	Press. 1	Date firs oil run t	o tanks	1-16	<u>-60</u>	
				Oil Transport	er Terr	e-New Merries	Pipe.	Idna Co	•	
				Gas Transport	erKl_P	ess I eturni	وعمل	.		
mark	s :								£.	
			k. Z. s. s.	the La	Bulle	i Jane		L.		
						•••••••			***************	*************************
I h	ereby ce	rtify th	at the info	ormation given	above is true	e and complete t	o the bes	t of my kn	owledge.	_
prove	:d		720 C.	, j	, 19	Anderson	• 48 + 25000000000	company or	Corporation Operator	1.00
	OIF C	ONSEI	VATION	COMMISSIO	N	By:	- Ca	(Signati	() ure)	fra
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by: White the state of the stat						TitleSer	nd Comm	unications	regarding	well to:
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						149THE				
						Address Ber	z 196,	Hidland	A. THERAM.	

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