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

REQUEST FOR COLL CE (645) 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 QUADRURE to the pane Dist Date 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.

				,	Midland,	Texas	9/18/58	
WE ARE	HEREBY !	REQUEST	ING AN ALLO	WABLE FO	R A WELL KNO	OWN AS:		(Date)
Hus	ky 011	Company	Monti	ceto Woo	lworth! No	2 , in.		1/4SW 1/4
, 0	ompany or C	herami.)		(LCase)	, NMPM.,			
Loa			County. Dat	e Spudded	5/15/39	Date Drilling C	cmpleted	6/13/39
Plea	se indicate	location:			Total I			
D	C B	A	1		Name of	F Prod. Form.	Yates	······································
	•		PRODUCING INT					
E	F G	H			3117 - 319 Depth		Depth	
			Open Hole		Casing	Shoe <u>3363</u>	Tubing_	3170
L	K J	I	OIL WELL TEST	-				
_			Natural Prod.	Test:	bbls.oil,	bbls water in	hrs,	Choke min. Size_
M	N O	P	T es t After Ac	id or Fracture	e Treatment (after	recovery of volum	e of oil equ	al to volume of
M.	N O		load oil used):bl	ols,oil,	bbls water in	hrs,	Choke minSize
			GAS WELL TEST	-	21,_0 MCF/Day			
Size 20*	Feet h0	Sax 25	Test After Ac:	id or Fracture	or Testing:	16_6 MCF,	/Dav: Hours	flowed 31.
		_			(Give amounts of ma			
9 5/8	1191	250	sand): Casing			<u></u>		
7 [#]	3 363	275	Casing Press.	Tubing Press.	Date first no oil run to t	ew anks		
- 40			Cil Transporte					
2*	3170	<u> </u>	1		o Natural	7 0-		
Remarks:	After k	illing	well, flus	hing per	forations	# 45 ∪0		harries de sever de la
instal	ling tu	bing.	rall was su	abbed 1	. Tied be	k-to-solo		7-A-R-A-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C
New de	liverab	ility s	howed 415.	4 MCFID				
			_	•	and complete to th	ne best of my know	wledge.	
			· Para		Hueky	-	_	
					91	Company or O	perator)	
O	L CONSE	RVATION	COMMISSION	1	By: Livald	(Signatur		
	2 all	La L				. •		
by:	m 700°			***********	TitleSend C	roduction communications r	Engine we	ell tó:
Title		••••						
					Name	Husky 011 900 V & J	Company	7
					Address	Midland, T	OXAS	