## (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.

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	HEREBY	REQUEST	ING AN ALLOWA	BLE FOR A W	ELL KNOWN	AS:		,
rnes \$	ompany or (	Orilling	Company	MASA,	Well No	, in.	W j	4 SE 1/4,
•	• '		, T24, R	(Lesse)	CDM T	anglia M	.++4	
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	Lea	••••••••••••	County. Date 🍑	<b>33332</b> 1-17	261 Dat	o Drilling C	cupleted	3-2361
		location:	Elevation	_3318	Total Depth	3560	PBTD	
D	CIE	3 A	Top Oil/Gas Pay	3359	Name of Pro	d. Form.	- Greens	TRosquelly 1
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			Perforations	= 337 330		3479-86		4
E	F G	H	Open Hole	337	Depth		Depth	
ł				HORE	Casing Shoe	_3560	Tubing_	3350
L	K J	Ī	OIL WELL TEST -	•				
	1		Natural Prod. Tes	t:bbls.	oil,	bls water in	hrs,	Choke min. Size
			Test After Acid on					
M	N O	P	load oil used):	17 bbls.oil.	No bbls	water in 2/	hrs. No	Choke
İ			GAS WELL TEST -					312e 107 C
					•			
<del></del>	<del></del> -		- Natural Prod. Test	:	MCF/Day; Hou	rs flowed	Choke	Size
bing ,Car	sing and Ce	menting Reco	rd Method of Testing	(pitot, back pre	ssure, etc.):			
Size	Feet	Sax	Test After Acid or					flowed
			Choke Size					
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			Acid or Fracture T	reatment (Give a	mounts of materia	als used, suc	h as acid, i	vater, oil, and
		ļ		/15-000#. 11	h nem mel.			
			sand): Fran W	/15.000#, 13 ubing D	h per cel ate first hew		4. \$1	
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