

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 QUADRUPPLICATE 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.

Midland, Texas

September 9, 1957

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Great Western Drilling Company Effie Carter, Well No. 2, in SE 1/4 SW 1/4,

(Company or Operator)

(Lease)

N Sec 5, T-18-B, R-39-E, NMPM., South Carter (San Andres) Pool

Unit Letter

Lea

County. Date Spudded 7-27-57 Date Drilling Completed 8-21-57
Elevation 3632 Total Depth 5210 PBTD 5210 GCM

Please indicate location:

Top Oil/Gas Pay 5129 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations None

Open Hole 5129-5210 Depth Casing Shoe 5129 Depth Tubing 5206

OIL WELL TEST -

Natural Prod. Test: 90 bbls.oil, 0 bbls water in 24 hrs, Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 125 bbls.oil, 13 bbls water in 24 hrs, 0 min. Size Pump

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size Feet Sax

Size	Feet	Sax
8 5/8	534	500
5 1/2	5129	100
2"	5206	

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 22,000 gal. acid

Casing Press. 100 Tubing Press. 20 Date first new oil run to tanks September 1, 1957

Oil Transporter Shell Pipe Line

Gas Transporter None (Small amount of gas)

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: 19

Great Western Drilling Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *O.H. Bauer* (Signature)

By:

Title: General Superintendent

Send Communications regarding well to:

Title:

Name: Great Western Drilling Company

Address: Box 1659, Midland, Texas