

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 July 6, 1961
(Place) (Date)

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

DOB Oil Properties, Inc. Ohio State, Well No. 1, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)
H Unit Letter, Sec. 20, T. 17S, R. 34E, NMPM, Vacuum Pool

Lea County. Date Spudded 4-11-61 Date Drilling Completed 4-29-61

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 4087 Total Depth 4768 PBD 4753

Top Oil/Gas Pay 4519 Name of Prod. Form. Heteroc & San Andres

PRODUCING INTERVAL -

Perforations 4519-4521; 4733-4743

Open Hole Depth Casing Shoe 4768 Depth Tubing 4520

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 39 bbls. oil, 7 1/2 bbls water in 2 1/2 hrs, 0 min. Choke Size Pumping

GAS WELL TEST -

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

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):

Frac 40000 gal 2 80000 sand

Casing Tubing Date first new oil run to tanks 6-30-61

Press. Pump Press. Pump

Oil Transporter The Permian Corporation

Gas Transporter No Outlet

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	359	275
5-1/2	4768	150
2	4520	

Remarks: _____

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

Approved _____, 1961

DOB Oil Properties, Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____

Title: Agent

Title: _____

Send Communications regarding well to:

Name: DOB Oil Properties, Inc.

Address: Box 953, Midland, Texas