

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.

Hobbs, New Mexico (Place) OCT 10, 1957 (Date)

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

Western Oilfields Inc. (Company or Operator) Gulf Sims (Lease), Well No. 1, in SE 1/4 SE 1/4,

Lea, Sec. 25, T. 22S, R. 37E, NMPM, Drinkard Pool

County. Date Spudded Sept. 3, 1957 Date Drilling Completed Oct. 8, 1957
Elevation 3324.6 G. L. Total Depth 7025 PBTD 7025

Please indicate location:

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

Top Oil/Gas Pay 6010 Name of Prod. Form. Drinkard (Andrews)

PRODUCING INTERVAL -

Perforations 6011-20, 6026-34, 6030-60, 6902-10, 6949-59

Open Hole None Casing Shoe 7025 Tubing 6050

OIL WELL TEST -

Natural Prod. Test: None 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): 60 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 20/64

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):

Casing 500 MCA Tubing 8000 gal. of 12% LSI acid

Press. 0 Press. 250 oil run to tanks Oct 11, 1957

Oil Transporter Texas New Mexico Pipeline Co.

Gas Transporter None

Remarks: Oil now being produced into test tank and will be pumped to a stock tank which is now being set.

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

Approved: _____, 19_____

Western Oilfields Inc. (Company or Operator)

By: Paul White (Signature)

OIL CONSERVATION COMMISSION

By: _____

Title: Engineer
Send Communications regarding well to:

Title: _____

Name: Paul G. White

Address: Box 1147, Hobbs, N. Mex.