

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 December 23, 1959
(Place) (Date)

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

Anderson-Prichard Oil Corporation Carlson "A", Well No. 4, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)
M. Sec. 25, T. 25-S, R. 37-E, NMPM, Justis (Tubb) Pool

Lea County. Date Spudded 9-25-59 Date Drilling Completed 12-18-59
Elevation 3056' Total Depth 5909' PBD 5872'

Please indicate location:

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

Top Oil/Gas Pay 5800' Name of Prod. Form. Tubb
PRODUCING INTERVAL -
Perforations 5800-5824'

Open Hole Depth Casing Shoe 5908' Depth Tubing 5824'

OIL WELL TEST - SWD
Natural Prod. Test: 0 bbls. oil, 0 bbls water in 2 hrs, 0 min. Choke Size
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 64.14 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 18/64"

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): 1000 gal mud acid & 7500 gal acid
Casing Tubing Date first new
Press. 0 Press. 500 oil run to tanks 11-7-59

Oil Transporter Texas-New Mexico Pipe Line Company
Gas Transporter El Paso Natural Gas Company

Remarks: Dual upper zone Justis Blinbery

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

Approved: _____, 19____

Anderson-Prichard Oil Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____

Title District Clerk

Title _____

Send Communications regarding well to:

Name Anderson-Prichard Oil Corporation

Address Box 196, Midland, Texas