

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.

Fort Worth, Texas

July 26, 1963

(Place)

(Date)

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

Maxwell Oil Company  
(Company or Operator)

Fraser  
(Lease)

, Well No. 1, in SW 1/4 SW 1/4,

M  
Unit Letter

Sec. 6

T. 8S

R. 35E

NMPM,

Milnesand, San Andres

Pool

Reesevult

County. Date Spudded 5-2-63

Date Drilling Completed 5-14-63

Please indicate location:

Elevation 4259.8 Total Depth 4700 FRTD 4660

Top Oil/Gas Pay 4550 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4551, 59, 70, 75; 4606, 15, 25 and 4634 feet

Open Hole Depth 4693 Casing Shoe Depth 4623 Tubing

OIL WELL TEST -

Natural Prod. Test: 42 bbls. oil, bbls water in 24 hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 42 bbls. oil, 2 bbls water in 24 hrs, min. Size

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

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

Size	Feet	Sax
8-5/8	354	250
4-1/2	4693	500
2"	4550	

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): Acidized with 2,000 gallons

Casing Tubing Date first new Press. 200 Press. oil run to tanks 7-22-63

Oil Transporter Permian

Gas Transporter Hearburg & Ingram

Remarks:

Well completed on pump

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

Approved July 26, 1963

MAXWELL OIL COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

(Signature)

By:

Title:

Production Superintendent

Send Communications regarding well to:

Title

Name:

Maxwell Oil Company  
2017 Continental Natl. Bank Bldg.

Address:

Fort Worth 2, Texas