REQUEST FOR (OIL) - ALLOWABLE

New Well

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 QUADRUPLICATE 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				M	idland, Texas (Place)		Novem	(Date)
		_			WELL KNOWN		i	, ,
Pase I	mpany or O	crator)	iny Luck	Lese)	, Well No3	, in	W.	1/41/2
E Unit Le	Sec	20	T. 19-8	, R. 32-E , 1	NMPM.,	uek Stram	1	Poc
•			County Date	Soudded 7/22	/61 Dat	Drilling Co	mleted	10/10/61
	se indicate		Elevation	3574.3	Total Depth_	12,621	PBTD	12,468'
D I	C B	1 A	Top Oil/Gas Pa	_{ay} 11,310'	Name of Prod	Form.	:rewn	
			PRODUCING INTE			Packer 6	11,289	•
. 	F G	H	Perforations_	11,310' -	11,340°		Depth	
k .			Open Hole		Depth Casing Shoe	12,439	Tubing_	11,318'
_	K J	I	OIL WELL TEST	-	Gravity 46.1	e api		Choke
٦	.	-	Natural Prod.	Test: 285.06 bb	ls.oil,b	bls water in	24 hrs,	min- Size
, 	W A		Test After Ac	id or Fracture Tre	atment (after recov	ery of volume	of oil ec	qual to volume of
M	N O	P	load oil used	bbls.o	il, bbls	water in	_hrs,	min. Size
			GAS WELL TEST	7/1, 817 Tbg	Too. Sere			
111/4	lec 20, 1	!-19-s, k	Natural Prod.	Test:	MCF/Day; Hou	rs flowed	Choke	Size
bing ,Cas	ing and Com	enting Reco			pressure, etc.):			
Size	Feet	Sax	Test After Ac	id or Fracture Tre	atment:	MCF/1	Day; Hours	flowed
3 3/8	807*	900	Choke Size	Method of T	esting:			
5/8	4532	2730	Acid or Fractu	re Treatment (Give	amounts of materia	als used, such	as acid,	water, oil, and
2/4	4336	2/30	sand):					
1/2	12458	382	Casing Press	Tubing 2887	Date first new oil run to tanks	November	1, 19	61
1/16	11268	Packer	_		Maxico Pipe L			
		\$ 11,290	94	er Hone - y				
	Bual Cou		between the	Strawn and M	erren formati		s isol	ated by a
oducti	on packs	æ set 🔮	12,342', TI		a shut-in gas	well.		
			I de la como		M. S.A.	<i></i>	••••••	***************************************
I herel	by certify t	hat the infe	ormation given a	above is true and	complete to the be	st of my know	rledge.	
proved	•••••			, 19	EL PASO NATU	BAL GAS C Company or Op		*****************
			1 2	_	2 × C			
91	IL CONSE	RVATION	COMMISSION	N By	B. T. LOUIS	Signature	<u>)</u>	
41	/ //	C/		Tr.	tle Bivision	Petro Leum	Ingina	
				11	LA	nunications re		
le		<i></i>	*******************************	N.	me El Paso Ha	tural das	Compan	<u> </u>
					dress 2005 Wile			
				Ad	dress 4000 Wale	A MVAX.		\$ 6. Table

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