

# 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 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Abilene, Texas

10-8-62

(Place)

(Date)

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

James P. Dunigan

State "B"

Well No. 3

NW

NW

(Company or Operator)

(Lease)

1/4

1/4

Unit Letter  
D

Sec. 2

T. 18 S

R. 33 E

NMPM.

Corbin Abo

Pool

Lea

County. Date Spudded 7-12-62

Date Drilling Completed

8-15-62

Please indicate location:

Elevation 4132 GR

Total Depth

8902

PBTD

8869

Top Oil/Gas Pay 8764

Name of Prod. Form. Abo Reef

PRODUCING INTERVAL -

Perforations 8776-84' & 8792-8812'

Open Hole

Depth

8902

Depth

8868

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 132 bbls. oil, 14 bbls. water in 24 hrs, 0 min. Size \_\_\_\_\_

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): 8500 gallons of acid and 7500 gallons of oil w/1500# of sand

Casing Press. 50 Tubing Press. 30 Date first new oil run to tanks 9-29-62

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: \_\_\_\_\_

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

Approved \_\_\_\_\_, 19 \_\_\_\_\_

James P. Dunigan

(Company or Operator)

By: \_\_\_\_\_

(Signature)

Superintendent

Title

Send Communications regarding well to:

Name James P. Dunigan

Address 415 Citizens Nat'l Bk., Abilene, Texas

OIL CONSERVATION COMMISSION