

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well  
~~Subsidiary~~

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 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  
(Place)

5-5-58  
(Date)

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

Jake L. Hamon  
(Company or Operator)

State E 8182, Well No. 1, in NE 1/4 NW 1/4,  
(Lease)

Unit Letter C, Sec. 28, T19-S, R35-E, NMPM, Undesignated, Pool

Lea

County. Date Spudded 4-3-58 Date Drilling Completed 4-18-58

Please indicate location:

Elevation 3750' OL Total Depth 5000' FBTD 4994'

Top Oil/Gas Pay 4715' Name of Prod. Form. Queen

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

PRODUCING INTERVAL -

Perforations 4715-31'; 4834-63'

Open Hole Depth Casing Shoe Depth Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 96 bbls. oil, 8 bbls water in 24 hrs, 90 min. Size Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	302	300
4-1/2	4994	350
2" EUE	4690	-

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) 500 Gallons mud acid; 30,000 gallons refined oil &

Casing Tubing Date first new Press. 0 Press. 0 oil run to tanks 4-30-58 30,000# Sand

Oil Transporter Permian Oil Company

Gas Transporter

Remarks: Request Top allowable

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

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

Jake L. Hamon  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: J. W. Pettus  
(Signature)

By: E. J. Frisch

Title: Chief Clerk  
Send Communications regarding well to:

Title

Name: Jake L. Hamon

Address: 102 Western Bldg. Midland, Texas