

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

June 16, 1958

(Place)

(Date)

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

Jake L. Hamon

State # 8182

Well No. 3

in NW 1/4 NW 1/4

(Company or Operator)

(Lease)

D

Sec. 28

T. 19-S

R. 35 E

NMPM, Pearl Queen

Pool

Unit Letter

Lea

County. Date Spudded. 5-15-58

Date Drilling Completed 5-28-58

Please indicate location:

Elevation 3762.5' GRD Level

Depth 5000'

FPTD

4951

Top Oil/Gas Pay 4880'

Name of Prod. Form. Queen

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

PRODUCING INTERVAL -

Perforations 4880-4910

Open Hole

Depth

Casing Shoe 4991

Depth

Tubing 4951

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 104 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size Pump

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	327	300
4-1/2	4991	350
2" EUE	4951	

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) 15,000 gal. refined oil & 15,000# Sand

Casing Tubing Date first new Press. 4500# Press. oil run to tanks June 16, 1958

Oil Transporter Permian Oil Company

Gas Transporter _____

Remarks:

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: _____

(Signature)

By: R.F. Montgomery

Title: Engineer

Send Communications regarding well to:

Title _____

Name: Jake L. Hamon

Address: 102 Western Bldg. Midland, Texas