

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

8/3/61

(Place)

(Date)

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

CHAMBERS & KENNEDY MONUMENT STATE, Well No. 1, in NW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

J, Sec. 34, T. 19-S, R. 37-E, NMPM, **EUMONT GAS** Pool
Unit Letter

LEA

County. Date Spudded 12/17/60 Date Drilling Completed 12/25/60
Elevation est. 3575 G.L. Total Depth 3964 FBTD 3934

Please indicate location:

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

1649' FSL & 2197' FEL

Top Oil/Gas Pay 2710 Name of Prod. Form. **EUMONT GAS**

PRODUCING INTERVAL -

Perforations 3584-3700

Open Hole NONE Depth 3964 Depth 3729
Casing Shoe 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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Choke

GAS WELL TEST -

Natural Prod. Test: 0 MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	325	175
5 1/2	3964	395

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

Test After Acid or Fracture Treatment: 2,400 MCF/Day; Hours flowed 3hrs.

Choke Size 3/4 Method of Testing: **CRITICAL FLOW PROVER**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 30,000 gal Brine Water & 23,500 lbs. of sand

Casing Tubing Date first new
Press. 567 Press. _____ oil run to tanks

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Company**

Remarks: **This well was initially completed as an oil well and the C-104 was approved 1-13-61**

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

Approved _____, 19____

CHAMBERS & KENNEDY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *W. J. McKinley*
(Signature)

Title: **ENGINEER**

Send Communications regarding well to:

Name: **CHAMBERS & KENNEDY**

Address: **607 MIDLAND NATIONAL BANK BUILDING
MIDLAND, TEXAS**

By: _____

Title _____