

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 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)

1-20-60
(Date)

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

Permian Oil Company State TX, Well No. 1, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
D Sec. 17, T. 22S, R. 37E, NMPM, Artesian Pool
Unit Letter

Lee

County. Date Spudded 12-16-59 Date Drilling Completed 12-29-59

Please indicate location:

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

Elevation 3400 GL Total Depth 3792 FBTD 3730

Top Oil/Gas Pay 3675 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3675-81, 84-88, 3692-3704

Open Hole _____ Depth _____ Casing Shoe 3792 Depth _____ Tubing 3779

OIL WELL TEST -

Natural Prod. Test: show bbls. oil, no 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): 112 bbls. oil, 15 bbls water in 24 hrs, _____ min. Size Pump

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>331</u>	<u>200</u>
<u>4-1/2</u>	<u>3792</u>	<u>150</u>

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): 12,700 gal oil and 5,000 gal.

Casing _____ Tubing _____ Date first new _____
Press. 3400 Press. Out oil run to tanks 12-30-59

Oil Transporter Texas New Mexico Pipe Line

Gas Transporter Shelly Oil Company

Remarks: _____

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

Approved January 21, 1960

PERMIAN OIL COMPANY

(Company or Operator)

By: AT Binder
(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title _____

Title _____

Send Communications regarding well to:

Permian Oil Company

Name 1223 Petroleum Life Bldg. - Midland, Texas

Address _____