

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.

211 Petroleum Building-- 10-23-59
Roswell, New Mexico (Date)

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

Jess L. Warren Union-State, Well No. 1, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)
D, Sec 8, T 10S, R 37E, NMPM., Wildcat Pool
Unit Letter Old well
LEA County. Date Spudded. date unknown Date Drilling Completed 8-21-59
Elevation 3984 GL Total Depth 5049 PBTD 5016
Top Oil/Gas Pay 4935 Name of Prod. Form. San Andres

Please indicate location:

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

PRODUCING INTERVAL -
Perforations 4935-4980
Open Hole Depth Casing Shoe 5016 Depth Tubing 4925
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): 50 bbls.oil, 132 bbls water in 24 hrs, min. Size 2"
GAS WELL TEST -
Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	386	150
4 1/2	5016	200
2"	4925	Tubing

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 Gal. MCA and 5,000 Gal. regular 15% Acid

Casing Tubing Date first new 10-21-59
Press. oil run to tanks
Oil Transporter
Gas Transporter

Remarks:

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

Approved: _____, 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Jess L. Warren (Signature)

By: John W. Runyan
Title

Title: Jess L. Warren
Send Communications regarding well to:
Name: Jess L. Warren
Address: 211 Petroleum Bldg.
Roswell, New Mexico