

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-104 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)

June 5, 1959
(Date)

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

Great Western Drilling Company STATE "P", Well No. 3, in NE 1/4 SE 1/4,
(Company or Operator) (Lease)
1 Unit Letter, Sec. 2, T. 13-S, R. 31-E, NMPM., Caprock Queen Pool

Chaves County. Date Spudded 5/24/59 Date Drilling Completed 5/30/59
Elevation 4396 Total Depth 3064 PBD 3064
Top Oil/Gas Pay 3032 Name of Prod. Form. Queen

Please indicate location:

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

PRODUCING INTERVAL -
Perforations
Open Hole 3032-3064 Depth Casing Shoe 3032 Depth Tubing 3041

OIL WELL TEST -
Natural Prod. Test: 60 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -
Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8	271	225
5-1/2	3032	50

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): None
Casing Tubing Date first new
Press. Press. oil run to tanks
Oil Transporter Service Pipe Line Company
Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved _____, 19____ GREAT WESTERN DRILLING COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION
By: _____
Title _____

By: O. H. Crews O. H. Crews
(Signature)
Title General Superintendent
Send Communications regarding well to:
Name Great Western Drilling Company
Address Box 1659, Midland, Texas

