

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.

Wichita Falls, Texas April 23, 1959

(Place) (Date)

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

Burk Royalty Company La Huyen, Well No. 3, in SE 1/4 NW 1/4,  
(Company or Operator)

F 21, Sec. 21, T. 23, R. 37, NMPM, Langis-Mattix Pool

Unit Letter

Lee

County. Date Spudded 1/22/59 Date Drilling Completed 2/2/59

Please indicate location:

Elevation 3309 GL Total Depth 3610 PBD 3606

Top Oil/Gas Pay 3282 Name of Prod. Form. Queen

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

PRODUCING INTERVAL -

Perforations 3482-90; 3500-14; 3527-30

Open Hole None Depth Casing Shoe 3770 Depth Tubing 3450

OIL WELL TEST -

Natural Prod. Test None 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): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	308	325
5-1/2"	3570	500
2-3/8"	3450	

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

Test After Acid or Fracture Treatment 1299 MCF/Day; Hours flowed

Choke Size 48/64" Method of Testing: Orifice Tester

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1500 gal acid and 20,000# sand

Casing Tubing Date first new Press. oil run to tanks

Oil Transporter

Gas Transporter Permian Basin Pipe Line Co.

Remarks: Request classification as gas well because well makes no oil.

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

Approved: \_\_\_\_\_, 19\_\_\_\_\_

BURK ROYALTY COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *[Signature]*  
Agent (Signature)

By: \_\_\_\_\_

Title

Title

Send Communications regarding well to:

Name: Jon Bear Burk Royalty Co.

Address: 800 Oil & Gas Bldg., Wichita Falls, Tex.