

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an allowable is assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE 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 Sept. 8, 1959  
(Place) (Date)

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

J. C. BARNES OIL CO. (Company or Operator) Well No. 1, in NW 1/4 SE 1/4, J, Sec. 12, T. 9-S, R. 37-E, NMPM, EAST CROSSROADS ARVENIAN Pool

LEA

Please indicate location:

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

County. Date Spudded 3-20-59 Date Drilling Completed 6-17-59  
Elevation 4018' DT Total Depth 12,287' PBTD 12,263'

Top Oil/Gas Pay 12,238' Name of Prod. Form. DEVONIAN

PRODUCING INTERVAL - 12,242 to 12,263'

Perforations None

Open Hole 12,242 to 12,263' Depth 12,242' Casing Shoe 12,258' Tubing 12,258'

OIL WELL TEST -

Natural Prod. Test: 90.87 bbls. oil, 0 bbls water in 24 hrs, min. Size None

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 90.87 bbls. oil, 0 bbls water in 24 hrs, min. Size None

GAS WELL TEST -

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

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 lbs. km pack. sand): 500 GALS. MUD ACID: 2500 GALS SPECIAL LOW TENSION ACID

Casing Tubing Date first new Press. Prod. Press. 81hr oil run to tanks 7-4-59

Oil Transporter MOWCO CORP. TRUCK FIRST PRODUCTION, SOLD TO MAGNOLIA  
Gas Transporter MAGNOLIA WILL HAVE PIPE CONNECTION SOON.

Remarks: HAD CONSIDERABLE DIFFICULTY COMPLETING WELL WHILE SQUEEZING OFF WATER. FINALLY HAD TO GET SPECIAL PERMIT TO MOVE SOME OIL FOR WORK TO COMPLETION.

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

Approved: September 8, 1959

J. C. BARNES OIL CO. (Company or Operator)  
By: Charles H. Vanderford (Signature)

OIL CONSERVATION COMMISSION

By: Title

Title: PRODUCTION CLERK

Send Communications regarding well to:

Name: CHARLES H. VANDERFORD

Address: C/O J. C. BARNES OIL CO.  
P. O. Box 505, Midland, Texas