

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 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

July 8, 1957

(Place)

(Date)

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

Lone Star Producing Company Santa Fe, Well No. 2, in S.E. 1/4 S.E. 1/4, (Company or Operator) (Lease)
0, Sec. 19, T. 9S, R. 37E, NMPM, Undesignated Pool

Unit Letter

Lea

County. Date Spudded. 2-28-57

Date Drilling Completed 7-7-57

Please indicate location:

North

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

Elevation 4001' Gr.

Total Depth 12,226 PBD 0

Top Oil/Gas Pay 12,162'

Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations

Open Hole 12,180' to 12,226'

Depth Casing Shoe 12,180'

Depth Tubing 12,24'

OIL WELL TEST -

Natural Prod. Test: 0 bbls. oil, 0 bbls water in 0 hrs, --- min. Choke Size ---

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 377.75 bbls. oil, none bbls water in 12 hrs, 0 min. Choke Size 12/64"

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 sand): 1000 Gallons Regular 15% acid

Casing Tubing Date first new Press. Packer Press. 4,350 oil run to tanks July 7, 1957

Oil Transporter McLeod & Corporation, Abilene, Texas

Gas Transporter ---

Remarks: Completed in open hole from 12,180' to 12,226' feet after acidizing bottom 10' feet of open hole with 1000 gallons of regular acid

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Lone Star Producing Company

(Company or Operator)

By: _____ (Signature)

Title District Superintendent, Production

Send Communications regarding well to:

Name Lone Star Producing Company

Address Rt. 1, Box 45, Midland, Texas