NEW TIXICO OIL CONSERVATION COMP THIN

Santa Fe. New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

DECORDECT

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 send. The alposable 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.

				Odessa, Texas May 23,	
WF AR	F HERF	BY RE	OUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
			-	Western Federal , Well No. 1 , in SW 1/4	SW
				(Lesse)	
Unit	Letter			T 9S , R38 E , NMPM., Wildens	
Lea	••• •••	•••••		County Date Spudded 3/22/58 Date Drilling Completed	4/ 26/58
P	lease ind	licate lo	ation:	Elevation 3924 G.L3935 R.B. Total Depth 5937 FUL	
D	C	В	A	Top Gil/Gas Pay A910 Name of Frod. Form. Sen Andres	
				PRODUCING INTERVAL -	
Е	F	G	H	Perforations 4964!-4976!; 4980!-4994!; 5000!- 5010! Depth Dept	5010
L	К	J	I	<u>CIL WELL TEST</u> -	c
				Natural Prod. Test: NORC bbls.oil,bbls water inhrs,	
М	N	0	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equa load oil used):bbls.oil,htls water inhrs,	
¢					min. Size_
			J	GAS WELL TEST -	
				Natural Prod. Test:MCF/Day; Hours flowedChoke S	ize
Tubing	,Casing a	nd Cemen	ting Reco	ord Method of Testing (pitot, back pressure, etc.):	
Size Feet Sax			Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours f	lowed
1		84		Choke SizeMethod of Testing:	
_ /	,			Acid or Fracture Treatment (Give amounts of materials used, such as acid, w	ater, oil,
1940 - 2 1940 - 2	5	<u>250</u>		sand): 1000 gal. NEC Acid - 7000 gal. IST 155	
				Casing Tubing Date first new Fress. Press. oil run to tanks May 8, 1958	
				Gil Transporter Castus Petroleum, Inc., Box 1567, Midland,	
				Gas Transporter None - No connection available - Vented	
	s:	.			
Remarks				<u> </u>	
Remark		••••••		,	
		•••••	·····		····· ·
I h				formation given above is true and complete to the best of my knowledge.	
I h				formation given above is true and complete to the best of my knowledge. , 19, 19	
I h	:d	- 1	<i>م</i> ب ر	, 19. Western Drilling Company (Company or Operator)	
I h	:d	- 1	<i>م</i> ب ر	19. Western Drilling Company	;
I h Approve	:d	- 1	<i>م</i> ب ر	N COMMISSION By: Difference Signature)	· · · · · · · · · · · · · · · · · · ·
I h Approve By:	:d	- 1	<i>م</i> ب ر	N COMMISSION (Signature)	; 11 to:
I h Approve	:d	- 1	<i>م</i> ب ر	N COMMISSION By: Difference Signature)	; il to: