

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

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.

Odessa, Texas 5-20-63
(Place) (Date)

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

L. R. French, Jr., Gulf State, Well No. 3, in NW 1/4 SW 1/4,
(Company or Operator)
J, Sec. 18, T. 11-S, R. 34-E, NMPM, Inbe (Penn.) Pool
Unit Lester

Lea

County. Date Spudded 3-22-63 Date Drilling Completed 5-3-63
Elevation 4206 DF Total Depth 9945 FBTD 9892

Please indicate location:

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

Top Oil/Gas Pay 9862 Name of Prod. Form. Baugh "C"

PRODUCING INTERVAL -

Perforations 9862-78 (64 holes)
Open Hole None Depth 9945 Casing Shoe 9840

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 2104 bbls. oil, 225 bbls. water in 24 hrs, 0 min. Size 1"

GAS WELL TEST -

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

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Size
13 3/8	433	300
8 5/8	4020	300
5 1/2	9945	300
2 3/8	9840	Tubing

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 15% Reg acid

Casing Tubing Date first new
Press. Packer Press. 310 oil run to tanks 5-10-63

Oil Transporter Service Pipe Line

Gas Transporter Warren

Remarks:

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

Approved _____, 19____

L. R. FRENCH, JR.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: David H. Donaldson
(Signature)

By: _____

Title: Production Superintendent
Send Communications regarding well to:

Title _____

Name: P. O. Box 591 Odessa, Texas