(Form C-104) Ravised 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 fitted 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.

•			619 W. Texas Ave., Midland, Texas 12-4-59 (Place) (Date)
WE ARE	HEREBY R	EQUESTI	NG AN ALLOWABLE FOR A WELL KNOWN AS:
Union O		y of Cal	Ifornia Federal-Medlin , Well No. 15-17 , in SE 1/4 NE 1/4,
			T. 15-S , R 31-E , NMPM., Caprock Queen Pool
Chaves			County. Date Spudded 11-11-59 Date Drilling Completed 11-15-59
Please indicate location:			Elevation 4433.5' D.F. Total Depth 3190' PBTD 3163' ETD
D	C B	A	Top Oil/Gas Pay 3147 Name of Prod. Form. Queen PRODUCING INTERVAL -
<u> </u>			Perforations3147-3151'
E	F G		Open Hole - Casing Shoe 3184.65 Tubing 3117.50
L	K J	/ I	OIL WELL TEST -
	N O	P	Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke_
			load oil used): 37 bbls.oil, 20 bbls water in 24 hrs, No min. Size Pump
			GAS WELL TEST -
Tubing Casing and Comenting Record			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
Sire	Fret	Sax	the state of the s
	1		Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
8-5/8" 305-32 200		500	Choke SizeMethod of Testing:
4-1/2"	3172.65	300	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
s.ene	3107.80	50	sand) Sand fraced perfs. w/12.000 mals. lense oil & 17.500# sand Casing Press. 2300# Press oil run to tanks December 2, 1959
			Oil Transporter Continental Pipe Line Company
			Gas Transporter None
Remarks:	None		31711-1 400-1
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I herel	iv cortify th	at the infor	mation given above is true and complete to the best of my knowledge.
Approved	oy cereary un	at the mior	Union Oil Company of California
Approved		<u> </u>	(Company or Operator)
OI	L CONSER	WATION	COMMISSION By: KW. Jalley
	Fin S	1/11/2	(Signature)
By:			Title Drilling Supt. Send Communications regarding well to:
Title	·····	inner	ni did .
	0	Til . S. S. anne	Name Union Oil Company of California

Addres 9 W. Texas Ave., Midland, Texas