

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 QUADRUPPLICATE 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 May 5, 1961
(Place) (Date)

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

Union Texas Natural Gas Corporation Buffington "B" Well No. 4-D, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)

L 19, T 25-S, R 38-E, NMPM, Justis (Blinebry) Pool
Unit Letter

Lea County Date Spudded 2-25-61 Date Drilling Completed 3-30-61

Please indicate location:

Elevation 3080 Total Depth 5980 PBD

Top Oil/Gas Pay 5315 Name of Prod. Form. Blinebry

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

PRODUCING INTERVAL -

Perforations 5315 - 5510

Open Hole Depth Casing Shoe 5980 Depth Tubing 5280

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 105.52 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 9/64 Choke

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 gal. HCl & 5000 gal. acid, 10,000 gal. oil & 50,000 # sand

Casing Tubing Date first new Press. Pkr. Press. 548 oil run to tanks May 2, 1961

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks:

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

Approved: 19

UNION TEXAS NATURAL GAS CORPORATION

(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

By:

Title: District Engineer

Title:

Send Communications regarding well to:

Name: Union Texas Natural Gas Corporation

Address: Box 196, Midland, Texas