

# 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

Mar. 30, 1959

(Place)

(Date)

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

Neil E. Salsich

Leonard State

Well No. 8, in SE 1/4 NE 1/4

(Company or Operator)

(Lease)

H

Sec. 36

T. 16S

R. 29E

NMPM,

Square Lake

Pool

Unit Letter

Eddy

County. Date Spudded. 3-6-59

Date Drilling Completed 3-17-59

Please indicate location:

Elevation 3705 Total Depth 2765 FBTD 2763

Top Oil/Gas Pay 2591 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 2591-99 and 2712-40

Open Hole Depth 2763 Casing Shoe Depth 2615 Tubing

OIL WELL TEST -

Natural Prod. Test: 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): 64 bbls. oil, 0 bbls water in 24 hrs, min. Size 18/64 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): acid 500 gal, sand-oil frac 30,000 gal & 105,000# sand

Casing 400 Tubing 150 Date first new oil run to tanks 3-28-59 Press.

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	385	50
5-1/2	2764	125

Remarks:

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

Approved: \_\_\_\_\_, 19\_\_\_\_\_

Neil E. Salsich

(Company or Operator)

By: \_\_\_\_\_

(Signature)

Title: Geologist

Send Communications regarding well to:

Name: Neil E. Salsich

Address: 304 Central Building, Midland, Texas

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title: \_\_\_\_\_