REQUEST FOR (OIL) - (GAS) ALLOWABLE New Well Recompletion ted in QUADRITPI ICATE This form shall be submitted by the operator before an initial allowable will be assigned to any completed Off or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-LAEWas 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 2-25-61

				••••	(Place)		(1	Date)
E ARE H	EREBY R	EQUESTIN	G AN ALLO	WABLE FOR	A WELL KN	OWN AS:		
			Company	El Paso-S	Well No	, in	NE 1/4 H	1/4
(Com	pany or Op	erator) 36	т 17 -8	(Lesse) p. 30=E	NIMOM	Wildcat		Pos
Times Late	4 7							•
Edd	y		County. Date	Spudded. 11	-21-60	Date Drilling C	exploted 1-24	1-6T
Please	indicate l	ocation:				Depth 11,861		
DIC) B	TA	Top Oil/Gas Pa	ay 11,83/	Name	of Prod. Form.	A COMMENT	
		A	PRODUCING INT				•	
			Perforations_	11,357-1	1,460		Decth se	100
E	G	H	Open Hole		Casin	g Shoe 11,861	Tubing 11,4	130
		•	OIL WELL TEST	-				
L	J	I	Natural Prod.	Test:	bbls.oil,	bbls water in	hrs,	Choke _min. Size_
		1				r recovery of volum		
M	1 0	P				bbls water in'		Choke
			7					
le le s	NYE	<u>_</u>	GAS WELL TEST		O	2.	4 .	32/64
<u>8</u>						Day; Hours flowed 2	Choke Size	
•		enting Recor				ic.):		
Size	Feet	Sax	Test After Ac	id or Fracture	Treatment:	00 MCF	/Day; Hours flow	red 35
L3-3/8	631	600	Choke Size	Method	of Testing:	ack Pressure	-MITCI-POII	16
	2950	500	Acid or Fract	ure Treatment (Give amounts of	materials used, su	ch as acid, water	r, oil, and
8-5/8	2330	300	1000	gallons	mud acid			
4-1/2	11861	900	Casingage 7	Tubing	Date first	new 2-11-6	1	
0.0/0	11409	Tubing	Gil Townson	McWood	Corporati	on		
2-3/8	TT403	Immin	Oll Transport	Pendir	g (Transve	etern)		
	 		Gas Transport	er				
emarks:		••••		**************	***************************************			******
••				******************	***************************************	***************************************		
	•••••••			••••••	d aam-late t	the best of my kny	wledze	
I hereb	y certify the	hat the info	rmation given	above is true	and complete to	o the best of my know tural Gasoli	ne Company	
proved	Februar	MAR 1	1051	, 19.9.4		(Company or		
		•••	i. e f	N.	By: Alex	I decrae	lon	
OI	L CONSE	KVATION	COMMISSIO	717	27A.V	(Signatu		
<i>Tr</i>	I Ain	21.3/200	269		Title Produ	etion Superi	ntendent	
SY: AND CONTRACTORS					Send Communications regarding well to:			
Title OIL ARD GAS INSTECTION /					Name David H. Bonaldson			
				* : * :	•	D. Box 3908,	Odessa, Te	XAS

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