

AUG 25 1964

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

O. C. C.

This form shall be submitted by the operator before an initial allowable will be assigned to any 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  
(Place)

8-24-64  
(Date)

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

**Delhi-Taylor Oil Corporation** (Company or Operator) **Jones-Federal** (Lease), Well No. **2-24**, in **SW** 1/4, **NW** 1/4, **Unders.** **Lusk Strawn** Pool  
E Sec **24**, T **19S**, R **31E**, NMPM., **Lusk Strawn** Pool  
Unit Letter **XXXXXX** **May** County. Date Spudded **7-1-64** Date Drilling Completed **8-3-64**  
Elevation **3540 GL** Total Depth **11,550'** PBD **11,500'**

Please indicate location:

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

Top Oil/Gas Pay **11,164** Name of Prod. Form. **Strawn**  
PRODUCING INTERVAL - **11,164-66'; 11,174-78'; 11,210-12'; 11,230-32'/**  
Perforations **11,412-16'; 11,430-32'; 11,460-70'**  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe **11,550** Depth Tubing **11,116**

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): **336** bbls. oil, **0** bbls water in **24** hrs, \_\_\_\_\_ min. Size **14/64"** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	593	500
8-5/8	3940	1600
4-1/2	11550	500

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: **116** 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): **6000 gallons 15% LIME acid**

Casing Tubing \_\_\_\_\_ Date first new \_\_\_\_\_

Press. **650** Press. **1675** oil run to tanks **8-23-64**

Oil Transporter **McWood Corporation**

Gas Transporter **Phillips Petroleum Company**

Remarks: \_\_\_\_\_

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

Approved: **AUG 25 1964**, 19\_\_\_\_\_

**DELHI-TAYLOR OIL CORPORATION**

(Company or Operator)

By: **B. E. Brazell**  
(Signature)

Title: **Dist. Prod. Foreman**

Send Communications regarding well to:

Name: **Delhi-Taylor Oil Corporation**

Address: **Box 1821, Midland, Texas**

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**  
Title: **OIL AND GAS INSPECTOR**

OIL CONSERVATION COMMISSION  
ARTESIA DISTRICT OFFICE

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