

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.

Abilene, Texas (Place) 12-11-62 (Date)

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

James P. Dunigan (Company or Operator) State "B", Well No. 5, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
H (Unit Letter), Sec. 2, T. 10 S, R. 33 E, NMPM., Carbin Abo Pool

Lea County. Date Spudded 10-8-62 Date Drilling Completed 11-9-62
Elevation 4110 Total Depth 8900 PBD 8870

Top Oil/Gas Pay 8734 Name of Prod. Form. Abo Reef

PRODUCING INTERVAL -

Perforations 8792-8808
Open Hole _____ Depth _____ Casing Shoe 8900 Depth Tubing 8867

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 180 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 16/64

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 gallons of mud acid

Casing Press. 10 Tubing Press. 330 Date first new oil run to tanks 11-30-62

Oil Transporter Texas New Mexico Pipe Line Company

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 _____, 19____ James P. Dunigan (Company or Operator)

OIL CONSERVATION COMMISSION By: _____ (Signature)

Title Superintendent

Send Communications regarding well to:

Name James P. Dunigan

Address 415 Citizens Nat'l. Bk., Abilene, Texas