

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

January 24, 1961

(Place)

(Date)

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

J. G. WILLIAMSON

LOVINGTON STATE

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

(Company or Operator)

(Lease)

Unit Letter
B

Sec. 25

T-17-S

R-36-E

NMPM,

Wildcat

Pool

Lea

County Date Spudded 9/21/60

Date Drilling Completed 11/21/60

Please indicate location:

Elevation 3817' SW

Total Depth 9765 PBD

Top Oil/Gas Pay 9702

Name of Prod. Form. Pennsylvanian

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

PRODUCING INTERVAL -

Perforations 9698 - 9728

Open Hole Depth 9765 Casing Shoe 9765 Depth Tubing 9732

OIL WELL TEST -

Natural Prod. Test: 66 bbls. oil, 0 bbls water in 24 hrs, - min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 66 bbls. oil, 0 bbls water in 24 hrs, - min. Size

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): 5000 gals. no emulsion acid

Casing Press. Tubing Press. Date first new oil run to tanks 12/8/60

Oil Transporter Cactus Petroleum, Inc.

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Size
13 3/8	299	300
8 5/8	3153	250
5 1/2	9765	125
2" EUE	9732	

Remarks: Driller's T.D. 9765

Wolon Log T. D. 9780'

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

Approved _____, 19____

J. G. WILLIAMSON

(Company or Operator)

OIL CONSERVATION COMMISSION

By *[Signature]*

(Signature)

By _____

Title Superintendent

Title _____

Send Communications regarding well to:

Name J. G. WILLIAMSON

Address BOX 16, MIDLAND, TEXAS