

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.

Midland, Texas March 6, 1959

(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: The Texas Company for Federal No. 2 SE NE

Company or Operator 16-S (1958) Well No. 4 in 1/4 1/4 Square Lake

County. Date Spudded (D.F.) Feb. 19, 1959 Date Drilling Completed Feb. 26, 1959

Please indicate location:

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

Elevation 2788' Total Depth 2850' P.B.T.D. 2830'

Top Oil/Gas Pay 2788' Name of Prod. Form. Premier Sand

PRODUCING INTERVAL - 2788' to 2816'

Perforations None Depth 2850' Depth 2822'

OIL WELL TEST -

Natural Prod. Test: 44 bbls. oil, 0 bbls water in 3 hrs, 0 min. Choke Size 30/64"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 44 bbls. oil, 0 bbls water in 3 hrs, 0 min. Choke 30/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	463	500
4 1/2"	2839	300
2"	2811	

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): See remarks

Casing 500 Tubing 200 Date first new March 4, 1959

Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks

Oil Transporter None Texas New Mexico Pipe Line Company

Perforate 4 1/2" O.D. casing from 2788' to 2816' with 1/4 jet shots per foot.

Remarks: Refrise perforations with 1000 gals. 15% acid down tubing and sand frac down 4 1/2" casing with 20,000 gals. refined oil and 40,000 lbs. sand

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Approved: \_\_\_\_\_, 19 \_\_\_\_\_

OIL CONSERVATION COMMISSION

By: M. L. Armstrong  
Title: \_\_\_\_\_

(Company or Operator)  
By: \_\_\_\_\_  
(Signature)  
Title: Assistant District Supt.  
Send Communications regarding well to:  
J. G. Elovins, Jr.  
Name: \_\_\_\_\_  
P.O. Box 352, Midland, Texas  
Address: \_\_\_\_\_

ORDER NO.	PERMISSION
AT	
No. Cont.	4
1	1
2	1
3	1
4	1
5	1
6	1
7	1
8	1
9	1
10	1
11	1
12	1
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100	1

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator The Texas Company Lease Etz-Federal NCT-2

Well No. 4 Unit Letter H<sup>V</sup> S 31 T16-S R30-E Pool Square Lake

County Eddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit H S 31 T16-S R30-E

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line Company

Address P. O. Box 1510 - Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas \*None

Address \_\_\_\_\_

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing:(Please check proper box) New Well New Well (  )

Change in Transporter of (Check One): Oil (  ) Dry Gas (  ) C'head (  ) Condensate (  )

Change in Ownership \_\_\_\_\_ (  ) Other \_\_\_\_\_ (  )

Remarks: \_\_\_\_\_ (Give explanation below)

**\*Casinghead gas flared due to lack of market.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 6th day of March 19 59

By \_\_\_\_\_

Approved \_\_\_\_\_ 1959 \_\_\_\_\_

Title Assistant District Supt.

OIL CONSERVATION COMMISSION

Company The Texas Company

By M L Armstrong

Address P/O. Box 352

Title \_\_\_\_\_

Midland, Texas

OFFICE OF THE ATTORNEY GENERAL	
STATE OF TEXAS	
DATE	5
BY	
IN WITNESS WHEREOF	
ATTEST	
SIGNATURE	
NAME	
TITLE	