

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 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.

Big Spring, Texas

April 30, 1962

(Place)

(Date)

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

Cosden Petroleum Corporation Federal "J", Well No. 2, in NW 1/4 NW 1/4,

(Company or Operator)

(Lease)

D Sec. 23, T. 8-S, R. 36-E, NMPM., Undesignated Pool

Unit Letter

Roosevelt

Countv. Date Spudded 3-16-62

Date Drilling Completed 4-22-62

Elevation 4,090.2 Total Depth 9,735' FRTS

Top Oil/Gas Pay 9,686 Name of Prod. Form. Bough "C"

PRODUCING INTERVAL -

Perforations 9,686-9,690'

Open Hole _____ Depth _____ Depth 9,679'
Casing Shoe _____ Tubing

OIL WELL TEST - April 26, 1962

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): 192 bbls, oil, 110 bbls water in 24 hrs, 0 min. Choke Size 1"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	468	450
8-5/8	4150	2000
4-1/2	9735	300

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):

500 gal acid

Casing Tubing Date first new 4-26-62
Press. Press. oil run to tanks

Oil Transporter McWood Corporation

Gas Transporter Nearburg & Ingram

Remarks: _____

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

Approved _____, 19 _____

COSDEN PETROLEUM CORPORATION

(Company or Operator)

OIL CONSERVATION COMMISSION

By: H.L. Weeks **H.L. Weeks**
(Signature)

By: _____

Title: Supt. of Production

Title: _____

Send Communications regarding well to:

Name: Cosden Petroleum Corporation

Address: Box 1311, Big Spring, Texas