

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

February 11, 1963

(Place)

(Date)

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

Tom Brown Drilling Company, Inc. ^{Ohio} Federal, Well No. 1, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

N Sec. 26, T. 8-S, R. 34-E, NMPM., Undesignated Pool
Unit Letter

Roosevelt

County. Date Spudded 12-13-62 Date Drilling Completed 1-28-63

Please indicate location:

Elevation _____ Total Depth 9,542' PBTD 4,734'

Top Oil/Gas Pay 4.620 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4620-21', 4624-25', 4630-31', 4634-35'

Open Hole None Depth 4843 Depth 4670'
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 65 bbls. oil, 151 bbls water in 24 hrs, 0 min. Size pump

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): 2500 gals. Acid

Casing Tubing Date first new
Press. 4900 Press. None oil run to tanks Feb. 2, 1963

Oil Transporter The Permian Corporation

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	400	400
8-5/8"	4010	450
5-1/2"	4843	150
2"EUE	4670	None

Remarks: _____

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

Approved _____, 19____

Tom Brown Drilling Company, Inc.
(Company or Operator)

By: Reed Albritton
(Signature)

Title Agent

Send Communications regarding well to:

Name Albritton & Meyer

Address Box 524, Midland, Texas

OIL CONSERVATION COMMISSION

By: _____

Title _____