

# 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-104 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 18, 1963

(Place)

(Date)

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

Robert A. Dean

Well No. #3, in NW 1/4 NE 1/4,

B (Company or Operator)

8-S

(Lease) 34-8

Milnesand (San Andres)

Pool

Sec.

T

R

NMPM.

Unit Letter  
Roosevelt

Country Date Spudded 2-23-63

Date Drilling Completed March 13, 1963

Please indicate location:

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

Elevation 4249 G.L. Total Depth 4640' PBD 4625'

Top Oil/Gas Pay 4571 Name of Prod. Form. San Andres

PRODUCING INTERVAL (4571-73) (4584-86) (4594-95)  
(4605-08) (4610-14)

Perforations Depth 4639' Depth Tubing 4505'

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 load oil used): 41.07 bbls. oil, None bbls. water in 24 hrs, min. Size 18/64

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): 20,000 gals., oil, 18200# sand plus 1800 gal. acid.

Casing 4400 Tubing 5300 Date first new 3-14-63  
Press. Press. oil run to tanks

Oil Transporter Permian Corporation

Gas Transporter

surface cement circulated to surface

Remarks:

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

Approved: 19

Robert A. Dean, Operator

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Robert A. Dean

(Signature)

Robert A. Dean

Title

Send Communications regarding well to:

Robert A. Dean

Name

P. O. Box 1663, Midland, Texas

Address

By:

Title