

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.

Odessa, Texas
(Place)

August 6, 1963
(Date)

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

Lario Oil & Gas Company Federal "A" Well No. **3**, in **SE** $\frac{1}{4}$ $\frac{1}{4}$,
(Company or Operator) (Lease)

P Sec **14**, T. **8-S**, R. **34-E**, NMPM, **Milnesand San Andres** Pool
Unit Letter

Roosevelt

County. Date Spudded **July 16, 1963** Date Drilling Completed **July 25, 1963**

Please indicate location:

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

Elevation **4269** Total Depth **4680** FBTD **4624**

Top Oil/Gas Pay **3792** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **One hole at 4591, 4593, 4595, 4605, 4612, 4615, 4617 and 4624**

Open Hole Depth **4588.19** Casing Shoe **4770.78** Tubing

OIL WELL TEST -

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): **48** bbls. oil, **none** bbls. water in **24** hrs, **0** min. Choke Size **22/64**

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	374.47	200
4 1/2"	4771.28	200
2-3/8	4581.69	

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): ***1000 gals. H.M. acid; Frac 20,000 gals. refined oil w/1/4" sand**
Casing Tubing Date first new
Press. **830** Press. **400** oil run to tanks **August 5, 1963**

Oil Transporter **McWood Corporation**

Gas Transporter **Sinclair Oil & Gas Company**

Remarks: **first 19,000 gals, 250# walnut hulls last 1000 gals refined oil, 300# adonite mixed in the 20,000 gals**

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

Approved: _____, 19____

Lario Oil & Gas Company
(Company or Operator)

By: **[Signature]**
(Signature)

OIL CONSERVATION COMMISSION

By: **[Signature]**

Title **District Production Superintendent**
Send Communications regarding well to:

Title _____

Name **Lario Oil & Gas Company**

Address **Box 1209 Odessa, Texas**