

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)

3-7-63
(Date)

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

Sun Oil Company G. M. Cosby (Company or Operator) (Lease), Well No. 1, in SW 1/4 NE 1/4.

G 12 15 34E NMPM, Milnesand-San Andres Pool

Roosevelt

County 2-2-63 Date Spudded 2-2-63 Date Drilling Completed 2-12-63
Elevation 4253 Gr. Total Depth 4700' PBD 4674

Please indicate location:

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

Top Oil/Gas Pay 4542 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4609, 4615, 4619, 4625, 4630, 4640, 4644 w/One 3/8" hole
Open Hole - Depth at each depth
Casing Shoe 4699 Tubing 4683'

OIL WELL TEST -

Natural Prod. Test: 0 bbls. oil, - bbls water in - hrs, - min. Choke -

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 46.92 bbls. oil, 91 bbls water in 24 hrs, 0 min. Choke 2"

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): Acidized w/2000 gal. 15% MEC acid, using 12 ball sealers.

Casing 500 Tubing 3100 Date first new oil run to tanks 2-17-63
Press. 500 Press. 3100

Oil Transporter Permian Corp.

Gas Transporter None

Remarks: GOR 674/1

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

Approved Marsh 7, 19 63

SUN OIL COMPANY

(Company or Operator)

By: [Signature]
(Signature)

Title Area Superintendent

Send Communications regarding well to:

Name SUN OIL COMPANY

Address Box 2792, Odessa, Texas

OIL CONSERVATION COMMISSION

By: [Signature]
Title