

# 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-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.

619 West Texas, Midland, Texas 11-23-59  
(Place) (Date)

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

Union Oil Company of California *J. D. Medlin*, Well No. 13-17, in NE 1/4 NE 1/4,  
(Company or Operator) (Lease)

A 17, T 15-S, R 31-E, NMPM., Caprock Queen Pool  
Unit Letter

Chaves

Please indicate location:

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

County. Date Spudded 10-29-59 Date Drilling Completed 11-3-59  
Elevation 427.2 D.F. Total Depth 3177' PBD 3158' E.T.D.

Top Oil/Gas Pay 3136 Name of Prod. Form. Queen

## PRODUCING INTERVAL -

Perforations 3136-3140'

Open Hole - Depth 3176.75' Depth 3085.01'  
Casing Shoe Tubing

## OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 47.0 bbls. oil, 1.95 bbls water in 24 hrs, 0 min. Size Pump Choke

## 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): Sandfraced perms. w/12,000 gal. lease oil and 17,000# sand

Casing 2300# Tubing - Date first new November 20, 1959  
Press. - oil run to tanks

Oil Transporter Continental Pipe Line Company

Gas Transporter None

Remarks: None

47 bbls 585-1

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

Approved *Nov 25 1959*, 19

Union Oil Company of California

(Company or Operator)

By: *Rev. J. G. ...*  
(Signature)

Title: Drilling Supt.

Send Communications regarding well to:

Name: Union Oil Company of California

Address: 619 West Texas Avenue, Midland, Texas

OIL CONSERVATION COMMISSION

By: *...*

Title: *...*

United Oil Company of California  
100 West Third Street, Los Angeles, Cal.

Shipping Dept.

Los Angeles, California

Dear Sirs: