

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.

Breckenridge, Texas November 20, 1959
(Place) (Date)

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

Graridge Corporation, Well No. 9, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)

F, Sec. 11, T. 13S, R. 31E, NMPM, Caprock Queen Pool
Unit Letter

Chaves

County. Date Spudded 10-22-59 Date Drilling Completed 10-31-59

Please indicate location:

Elevation 4418' Total Depth 3052' PBD

Top Oil/Gas Pay 3030 Name of Prod. Form. Queen Sand

PRODUCING INTERVAL -

Perforations None

Open Hole 3030'-3040' Depth Casing Shoe 3030' Depth Tubing 3024'

OIL WELL TEST -

Natural Prod. Test: 37 bbls. oil, -- bbls water in 24 hrs, 0 min. Size

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

GAS WELL TEST -

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

COPY

Tubing, Casing and Cementing Record

Method of Testing (pitot, back pressure, etc.):

Size	Feet	Sax
8 5/8"	312	150
5 1/2"	3030	150

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): 18,000# Sand & 10,500 gallons oil

Casing Press. -- Tubing Press. -- Date first new oil run to tanks November 18, 1959

Oil Transporter Service Pipe Line Company

Gas Transporter None

Remarks: 27 lbs. 26.5

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

Approved: _____, 19____

Graridge Corporation
(Company or Operator)

By: Charles W. Smith Charles W. Smith
(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title: Production Clerk

Title: _____

Send Communications regarding well to:

Name: Graridge Corporation

Address: Box 752, Breckenridge, Texas