

# 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.

Seminole, Texas  
(Place)

August 12, 1957  
(Date)

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

Warren Petroleum Corp.-Oil Div. M.M. Harris, Well No. 2, in NW 1/4 NW 1/4,  
(Company or Operator) (Lease)

D Sec. 8 T. 12-S R. 38-E, NMPM, Undesignated Pool  
Unit Letter

Lea County. Date Spudded May 28, 1957 Date Drilling Completed August 9, 1957

Please indicate location:  
R-38E

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

Elevation 3881' D.F. Total Depth 12,043' PBDT

Top Oil/Gas Pay 12,016 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 12,020' to 12,040'

Open Hole 12,040' to 12,043' Depth Casing Shoe 12,040' Depth Tubing 12,033'

OIL WELL TEST -

Natural Prod. Test: 960 bbls. oil, None bbls water in 24 hrs, min. Choke 24/64

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

Casing        Tubing        Date first new         
Press.        Press.        oil run to tanks       

Oil Transporter Magnolia Pipe Line Company

Gas Transporter       

Remarks:       

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

Approved       , 19       

Warren Petroleum Corp.-Oil Div.  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: F. H. Wolf  
(Signature)

By:       

Title Regional Manager

Title       

Send Communications regarding well to:

Name Warren Petroleum Corp.-Oil Div.

Address Drawer H Seminole, Texas