

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

September 17, 1957

(Place)

(Date)

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

Warren Petroleum Corp., Oil Div. E. J. Harris, Well No. 3, in SW 1/4 NW 1/4,
(Company or Operator) (Lease)

Sec. 8, T. 12-S, R. 38-E, NMPM., North Gladiola Devonian Pool

Unit Letter

Lea

County. Date Spudded 7/3/57 Date Drilling Completed 9/17/57

Elevation 3878 DF Total Depth 12024 PBD 12023

Top Oil/Gas Pay 11994 Name of Prod. Form. Devonian

Please indicate location:

R 38-E

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

Section 8

PRODUCING INTERVAL -

Perforations 12006' to 12022'

Open Hole Depth Casing Shoe 12024 Depth Tubing 12013

OIL WELL TEST -

Natural Prod. Test: 960 bbls. oil, None bbls water in 24 hrs, min. Size 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. Size

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	372	400
9-5/8	4495	2200
5-1/2	12024	500

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 Casing Press. 275# oil run to tanks 9/17/57

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 September 19, 1957 Warren Petroleum Corp., Oil Division

(Company or Operator)

OIL CONSERVATION COMMISSION

By: F. H. Wolfe (Signature)

Title Regional Manager

Send Communications regarding well to:

By:

Title

Name: F. H. Wolfe

Address: Drawer "H", Seminole, Texas.