

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.

Midland, Texas

April 5, 1961

(Place)

(Date)

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

El Paso Natural Gas Company **Lusk Deep Unit**, Well No. **2**, in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)

0, Sec. **18**, T-**19-S** R-**32-E**, NMPM, **Lusk-Strawn** Pool
Unit Letter

Lea

County. **Da** Spudded **10-16-60**

Date Drilling Completed **3-13-61**

Please indicate location:

Elevation **3585** Total Depth **13,974'** PBD **12,503'**

Top Oil/Gas Pay **11,220'** Name of Prod. Form. **Strawn**

PRODUCING INTERVAL -

Perforations **11,220 - 11,250'**

Open Hole **-** Depth **13,554'** Depth **11,164'**
Casing Shoe Tubing

OIL WELL TEST - Est. 24 hr rate on 1/4" choke

Natural Prod. Test: **53.4** bbls. oil, **0** bbls water in **2** hrs, **0** min. Choke **.25 (1/4)**

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 - **SIP 24 hrs 2450#; FP 2400#**

SE 1/4, Sec. 18, T-19-S, R-32-E

Tubing, Casing and Cementing Record

Size Feet Sax

13-3/8	4462'	3400
9-5/8	11400'	525
liner 5	11,299	717 cu
	13,551'	11089'
2 3/8	11,164'	

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 **-**

Gas Transporter **-**

Remarks: **This is a dual completion. The Strawn zone is isolated from the Morrow zone by a series of Brown Oil Tools hydraulically set packers. Each zone will be flowing on separate tubing strings.**

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

Approved **April 5**, 19 **61**

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **D. E. Lockett** (Signature)

Title **Division Petroleum Engineer**

Send Communications regarding well to:

Name **El Paso Natural Gas Co.**

2005 Wilco Bldg.

Midland, Texas

By: **[Signature]**

Title **-**