

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.

Abilene, Texas
(Place)

3-19-62
(Date)

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

James P. Dunigan
(Company or Operator)

Denius-Federal, Well No. 10
(Lease)

in NE 1/4 SW 1/4

K
Unit Letter

Sec 33

T 17 S

R 33 E

NMPM, Maljamar-Grayburg-San Andres Pool

Lea

County Date Spudded 2-12-62

Date Drilling Completed 2-28-62

Please indicate location:

Elevation 4096 GR.

Total Depth 4710' PBD 4675'

Top Oil/Gas Pay 4596'

Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 4659-4667

Open Hole Depth Casing Shoe 4710' Depth Tubing 4647'

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 Choke load oil used): 200 bbls. oil, 38 bbls water in 24 hrs, 0 min. Size 20/64"

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): 500 gals. MCA, 20,000 gals. oil & 12,000# of sand.

Casing Tubing Date first new Press. 660 Press. 225 oil run to tanks 3-9-62

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
11 3/4	314	275
4 1/2	4710	1200
2 3/8	4647	

Remarks:

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

Approved: _____, 19_____

James P. Dunigan
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

Title: Superintendent
Send Communications regarding well to:

Name: James P. Dunigan

Address: 415 Citizens Nat'l Bnk.
Abilene, Texas

By: _____
Title: _____