

# REQUEST FOR (OIL) - ~~WATER~~ ALLOWABLE

~~WATER~~  
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.

Midland, Texas

7-23-58

(Place)

(Date)

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

Jake L. Hamon - Texas Gulf State "A"  
(Company or Operator)

Well No. 1, in NE  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,  
(Lease)

K, Sec. 27, T. 18-S, R. 35-E, NMPM, Wildcat Pool  
Unit Letter

Lea

County. Date Spudded 2-1-58

Date Drilling Completed 5-3-58

Please indicate location:

Elevation 3885 GRN

Total Depth 10,975 FSTD 9985

Top Oil/Gas Pay 9080

Name of Prod. Form. Bone Spring

PRODUCING INTERVAL -

Perforations 9080-12 to 9124

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe 10,975 Depth \_\_\_\_\_  
Tubing 9078

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 153 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 18/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8</u>	<u>446</u>	<u>450</u>
<u>9-5/8</u>	<u>3775</u>	<u>1700</u>
<u>5-1/2</u>	<u>10975</u>	<u>1050</u>
<u>2-1/2</u>	<u>9078</u>	

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): 10,000 gal. gel lease oil & 10,000# Sand

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new  
Press. 3000# Press. 5700# oil run to tanks June 13, 1958

Oil Transporter Permian Oil Company

Gas Transporter None

Remarks: \_\_\_\_\_

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

Approved: \_\_\_\_\_, 19 \_\_\_\_\_

Jake L. Hamon

(Company or Operator)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_  
(Signature)

Title Engineer

Send Communications regarding well to:

Name Jake L. Hamon

Address 102 Western Bldg. Midland, Texas

Title \_\_\_\_\_

