

# 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.

Midland, Texas

September 1958

(Place)

(Date)

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

Great Western Drilling Company-Sylvester Johnson, Well No. 3, in NW 1/4 NW 1/4,  
(Company or Operator) (Lease)

D, Sec. 8, T 18-S, R 39-E, NMPM., South Carter Pool  
Unit Letter

Lea

County. Date Spudded August 21, 1958 Date Drilling Completed September 16, 1958

Please indicate location:

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

Elevation 3631' Total Depth 5235' PBD

Top Oil/Lease 5101' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations None

Open Hole 5101 - 5238 CTM Depth Casing Shoe 5108 R.M. Depth Tubing 5229

OIL WELL TEST -

Natural Prod. Test: 101 bbls.oil, -0- bbls water in 24 hrs, -0- min. Size -0- Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): None bbls.oil, bbls water in hrs, min. Size Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	324	225
5-1/2"	5098	100

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): None

Casing Tubing Date first new September 16, 1958  
Press. oil run to tanks

Oil Transporter Shell Pipe Line Company

Gas Transporter

Remarks: Completed naturally.

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

Approved, 19

Great Western Drilling Company  
(Company or Operator)

By: O. H. Crews  
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title: General Superintendent

Send Communications regarding well to:

Title

Name: Great Western Drilling Company

Address: Box 1659, Midland, Texas