

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.

Dallas, Texas

2-21-63

(Place)

(Date)

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

Southern Union Production Company - Lovington State, Well No. 1, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
B, Sec. 16, T. 17-S, R. 37-E, NMPM, Undesignated Pool
Unit Letter

Lea

County. Date Spudded 12-23-62

Date Drilling Completed 2-9-63

Please indicate location:

Elevation 3777 KB Total Depth 9048 PBD 8997

Top Oil/Gas Pay 8958 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 8958-8979'

Open Hole None Depth 9048 Depth Casing Shoe 9048 Depth Tubing 8940

OIL WELL TEST -

Natural Prod. Test: 960 bbls. oil, 0 bbls water in 24 hrs, 16/64 min. Size 16/64 Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 960 bbls. oil, 0 bbls water in 24 hrs, 16/64 min. Size 16/64 Choke

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): Acidized w/2000 gals 15% Hcl

Casing 2 1/2 Tubing 2 1/2 Date first new Press. 2/19/63 oil run to tanks

Oil Transporter Permian Corporation - Midland, Texas

Gas Transporter -

Remarks:

See reverse side for deviation record

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

Approved -, 19 -

SOUTHERN UNION PRODUCTION COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: J. J. Fowler (Signature)

Title Exploration Engineer

Send Communications regarding well to:

Name -

Address -

By: [Signature]
Title -

DEVIATION RECORD

<u>DEPTH</u>	<u>DEGREE</u>
105	1/2
334	1/2
400	1/2
1100	1-1/4
1650	3/4
2050	1-1/2
2600	1-1/4
2950	1-1/2
3400	1
3750	1
4100	1-3/4
4450	1-1/4
4950	1-1/2
4990	1-1/2
5091	1-1/4
5240	1-1/2
5380	1-1/2
5681	1-1/2
6185	1-1/4
6680	1-1/4
6970	1-1/4
7553	1
8000	1
8700	1-3/4
9048	1-3/4

State of TEXAS
County of Dallas

J. J. Fowler
Before me appeared J. J. Fowler who certifies that the deviation record
herein listed is true and correct.

My Commission expires

M. A. McCAFFERY
Notary Public Dallas County, Texas
My Commission Expires June 1, 1962

M. A. McCaffery
Notary Public - Dallas County, Texas