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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

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 February 20, 1964

(Place)

(Date)

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

Lone Star Producing Company - Atlantic State

, Well No. 1, in S.W. 1/4 N.E. 1/4,

(Company or Operator)

(Lease)

Unit Letter G, Sec. 30, T 17-S, R 36-E, NMPM, Undesignated Pool

Lea

County. Date Spudded 12-8-63

Date Drilling Completed 1-28-64

Please indicate location:

Elevation 3,881' Gr. Total Depth 9,327' PBD 9,290'

Top Oil/Gas Pay 9,143' Name of Prod. Form. Abo Detrital

PRODUCING INTERVAL -

Perforations 9,148'-52', 9,157'-61', 9,190'-96' & 9,208'-9,211'

Open Hole Depth 9,327' Casing Shoe Depth 9,120' Tubing

OIL WELL TEST -

Natural Prod. Test: 191 bbls. oil, 0 bbls. water in 24 hrs, min. Size 1 1/2"

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. Size

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): None

Casing Press. Packer Tubing Press. 290# Date first new oil run to tanks February 14, 1964

Oil Transporter The Permian Corporation

Gas Transporter None

Remarks:

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

Approved: 19

Lone Star Producing Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

Title:

By: E. C. Winters (Signature)

Title: Sr. Production Foreman

Send Communications regarding well to:

Name: Mr. E. J. Sneed

Address: Box 4815, Midland, Texas 79702