

# 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.

Midland, Texas November 11, 1960  
(Place) (Date)

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

James G. Brown & Associates, Well No. 2, in Sec. 1/4, 3/4, 1/2, 1/4,  
(Company or Operator) (Lease)  
Unit Letter, Sec. 4, T. 200, R. 33, NMPM, Undesignated Pool  
(Pearl Creek Unit)

County. Date Spudded 11-11-60 Date Drilling Completed 10-30-60  
Elevation 362 Total Depth 5112 PBTD 4924

Please indicate location:

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

Top Oil/Gas Pay 403 Name of Prod. Form. Green

## PRODUCING INTERVAL -

Perforations 4036 41' & 4040 53'  
Open Hole None Depth Casing Shoe 5027 Depth Tubing 4926

## 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 load oil used): 51 bbls. oil, bbls water in 0 hrs, 0 min. Size Choke 10/64

## 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): 1000 lbs. acid, 2000 lbs. sand, 3100 lbs. sand trace

Casing Tubing Date first new Press. 3400 Press. - oil run to tanks Nov. 5, 1960

Oil Transporter Gas Transporter

Gas Transporter Green Petroleum Corporation to connect

Remarks: \* 200 SX @ shoe & 100 SX @ 1934'

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

Approved: , 19

OIL CONSERVATION COMMISSION

By: Title

Title

By: (Signature)

Title: Production Superintendent  
Send Communications regarding well to:

Name: James G. Brown & Associates

Address: P.O. Box 1625, Midland, Texas