

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

September 26, 1961

(Place)

(Date)

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

James G. Brown & Associates Federal, Well No. 5, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
N Sec. 4, T. 20-S, R. 35-E, NMPM, Pearl-Queen Pool

Lea

County. Date Spudded 8-28-61

Date Drilling Completed 9-14-61

Please indicate location:

Elevation 3684 K.B.

Total Depth 5041 PBD 5012

Top Oil/Gas Pay 4888

Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 4981-86' & 4994-99' (4 jet shots per ft.)

Open Hole Depth 5041 Casing Shoe 5041 Tubing 4981

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 120 bbls. oil, None bbls water in 12 hrs, 0 min. Choke Size 24/64

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): 500 gals. acid; 20,000 gals. ref. oil & 40,000# sand

Casing Press. 3300 Tubing Press. _____ Date first new oil run to tanks September 19, 1961

Gas Transporter Warren Petroleum Corporation

Oil Transporter The Permian Corporation

Remarks: After acidized, swabbed 1-1/4 BOPH

Depths from KB, 10' above GL

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

Approved _____, 19____

James G. Brown & Associates
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

Title Production Superintendent

Send Communications regarding well to:

Name James G. Brown & Associates

Address Box 1625, Midland, Texas

By: [Signature]

Title _____