

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 bbls at 60° Fahrenheit.

Midland, Texas

August 19, 1960

(Place)

(Date)

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

Anderson-Prichard Oil Corporation Britt A Unit, Well No. 7, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)

K, Sec. 6, T. 20S, R. 37E, NMPM., Monument-McKee Pool
Unit Letter

Lea County, Date Spudded 12-1-59, Date Drilling Completed 2-23-60

Please indicate location:

Elevation 3570 DF, Total Depth 10095, PBD

Top Oil/Gas Pay 9793, Name of Prod. Form. McKee

PRODUCING INTERVAL -

Perforations 9793 - 9826

Open Hole, Depth, Casing Shoe 10091, Depth, Tubing 9821

OIL WELL TEST -

Natural Prod. Test: 28.57 bbls. Distillate, bbls water in 24 hrs, 0 min. Choke Size 15/64

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. Choke Size

GAS WELL TEST -

Natural Prod. Test: 880 MCF/Day; Hours flowed 24, Choke Size 8/64

Method of Testing (pitot, back pressure, etc.): back pressure

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):

Casing, Tubing, Date first new, Press. Pkr, Press. 2383, oil run to tanks July 28, 1960

Oil Transporter Shell Pipe Line Corporation

Gas Transporter El Paso Natural Gas Company

Remarks:

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

Approved, 19

Anderson-Prichard Oil Corporation

(Company or Operator)

By: (Signature)

Title District Clerk

Send Communications regarding well to:

Name Anderson-Prichard Oil Corporation

Address Box 196, Midland, Texas

OIL CONSERVATION COMMISSION

By: (Signature)

Title