

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 (Place) August 25, 1959 (Date)

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

Sun Oil Company (Company or Operator) H. D. McKinley (Lease), Well No. 5, in NW $\frac{1}{4}$ NE $\frac{1}{4}$,
"B" Unit Letter, Sec. 5, T. 19-S, R. 38-E, NMPM, Byers-Queen Gas Pool

Lea

Recompletion Started

Please indicate location:

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

County. Lea Date Spudded 2-27-54 Date Drilling Completed 3-7-54
Elevation 3,623' Total Depth 3,830 PSTD 3,829

Top Oil/Gas Pay 3,638 Name of Prod. Form. Byers-Queen

PRODUCING INTERVAL -

Perforations 3,638/50, 3,660/74, 3,688/3,700, 3,714/22

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing 3618

OIL WELL TEST -

Natural Prod. Test: _____ 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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: 1210 MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: 1270 MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 4,000 gal. sand frac with 1# Sd per Gal.

Casing _____ Tubing 425# Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Phillips Petroleum Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9 7/8</u>	<u>292</u>	<u>150</u>
<u>7</u>	<u>3112</u>	<u>675</u>
<u>5 1/2</u>	<u>3300</u>	<u>5012</u>
<u>2"</u>		

Remarks: Well being tied into Phillips low pressure gathering system.

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 _____

SUN OIL COMPANY

(Company or Operator)

By _____ (Signature)

Title Superintendent

Send Communications regarding well to:

Name SUN OIL COMPANY

Address Box 2880, Dallas, Texas