

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-20152 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 October 7, 1963  
(Place) (Date)

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

Union Texas Petroleum Corporation State "A" Well No. 2, in SW 1/4, NW 1/4,  
(Company or Operator) (Lease)

E, Sec. 2, T. 20-S, R. 36-E, NMFM, Monument (San Andres) Pool  
Unit Letter

Lea

County. Date Spudded 8-19-63 Date Drilling Completed 8-28-63

Please indicate location:

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

Elevation 3604 (GL) Total Depth 4050' PBD 3858'

Top Oil ~~xxx~~ Pay 3795 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 3834' - 3840'

Open Hole - Depth Casing Shoe 4050' Depth Tubing 3848'

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): 88.0 bbls. oil, 58.0 bbls. water in 24 hrs, 0 min. Size Choke -

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): 250 gal. Mud Acid

Casing Press. Pkr Tubing Date first rew Oct. 3, 1963 Press. Vac. oil run to tanks

Oil Transporter Shell Pipe Line Company

Gas Transporter Warren Petroleum Company

Remarks:

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

Approved: 19 Union Texas Petroleum Corporation  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: E. W. [Signature]  
(Signature)

Title: Petroleum Engineer

Send Communications regarding well to:

Name: Union Texas Petroleum Corp.

Address: P. O. Box 1859 - Midland - Texas

By: [Signature]

Title: