

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

9-28-61

(Place)

(Date)

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

Western Natural Gas Co.

State-McDonald

Well No. 1

NW

SW

(Company or Operator)

(Lease)

L

Sec. 14

T. 22-S

R. 36-E

NMPM,

Jalnet Gas

Pool

Unit Letter

Lea

County. Date Spudded 7-16-34

Date Drilling Completed

10-16-34

Please indicate location:

Elevation 3543

Total Depth

4350

PBTD

3454

Top Oil/Gas Pay

3350

Name of Prod. Form.

Yates

PRODUCING INTERVAL -

Perforations

Open Hole

3090-3454

Depth

Casing Shoe

3090

Depth

Tubing

3270

OIL WELL TEST -

Natural Prod. Test:

bbls. oil,

bbls water in

hrs,

Choke

min. 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,

Choke

min. Size

GAS WELL TEST -

Natural Prod. Test:

5300

MCF/Day; Hours flowed

96

Choke Size

2" x 4"

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

4 pt. Back Pressure Test

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.

Press.

oil run to tanks

Oil Transporter

Gas Transporter

El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size

Feet

San

13 3/8	320	225
8 5/8	3090	500
2 1/2	3270	

Remarks:

Deliverability = 2192 MCF/day

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

Approved _____, 19____

WESTERN NATURAL GAS COMPANY

(Company or Operator)

By:

JMB

(Signature)

Title

Division Petroleum Engineer

Send Communications regarding well to:

Name Western Natural Gas Company

Address 823 Midland Tower, Midland, Texas

OIL CONSERVATION COMMISSION

By:

Title