

REQUEST FOR ~~NOTE~~ - (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.

Midland, Texas 2-14-61
(Place) (Date)

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

Western Natural Gas Company State McDonald, Well No. 21, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)
A, Sec. 24, T. 22-S, R. 36-E, NMPM., Jalmat Gas Pool

County. Date Spudded 4-1-61 Date Drilling Completed 4-26-61
Elevation 3436 Total Depth 3716 PBD 3300'

Please indicate location:

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

Top Oil/Gas Pay 2690 Name of Prod. Form. Yates
PRODUCING INTERVAL - 3230-40 & 3282-90 feet
Perforations 2720-30, 2748-58, 2780-88, 3016-26, 3178-84, 3204-10,
Open Hole - Depth 3503 Casing Shoe 2655

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: None MCF/Day; Hours flowed _____ Choke Size _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: 910 (AOF) MCF/Day; Hours flowed 96 hrs.
Choke Size _____ Method of Testing: 4 Pt. back pressure into transmission line.

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|-------|------|-----|
| 8 5/8 | 332 | 150 |
| 4 1/2 | 3503 | 265 |
| 2 3/8 | 2655 | |

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 27,000 gals H₂O - 27,000 lbs sand; 500 gals acid
Casing Tubing 8.1. Date first new
Press. _____ Press. 1238 oil run to tanks
Oil Transporter _____
Gas Transporter El Paso Natural Gas Company, Jal., New Mexico

Remarks: Del. 2 405 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: Jessie A. Clement Title: Division Engineer
(Signature)

Send Communications regarding well to:
Name: Western Natural Gas Company
Address: 823 Midland Tower, Midland, Texas