

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
(Place)

12-27-57
(Date)

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

Western Natural Gas Jones, Well No. 6, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)
A 34, Sec. 34, T. 22S, R. 36E, NMPM., South Eunice Pool

Unit Letter
Lea

County Date Spudded 12-7-57 Date Drilling Completed 12-18-57

Elevation 3512.7 GL Total Depth 3773 PBD 3771

Please indicate location:

Top Oil/Gas Pay 3660 Name of Prod. Form. 7 Rivers - Queens

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

PRODUCING INTERVAL -

Perforations 3758-3770, 3718-3746, 3692-3708, 3660-3678

Open Hole Depth Casing Shoe Depth Tubing 3644

OIL WELL TEST -

Natural Prod. Test: None 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): 71 bbls. oil, bbls water in 12 hrs, min. Size Choke 20/64

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): 15000 gals jelled oil, 7500# sand, 1000 gals 15% acid

Casing Press. 225 Tubing Press. 500 Date first new oil run to tanks 12-24-57

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter United Carbon Company

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8	1509	500
5 1/2	3760	500
2 3/8	3644	

Remarks:

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)

OIL CONSERVATION COMMISSION

By: *[Signature]*
(Signature)

By: *[Signature]*

Title Office Manager

Title _____

Send Communications regarding well to:

Name Western Natural Gas

Address 823 Midland Tower, Midland, Texas