Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

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 January 15, 1958 (Place) (Date)
			NG AN ALLOWABLE FOR A WELL KNOWN AS:
Wester	n Natural	Gas Com	pany Jones , Well No. 7 , in SE 1/4 NE 1/4,
H Test L	ompany or Op Sec etter	34 34	(Lease) T 225 , R 36E , NMPM., South Eunice Pool
• · · · · · · · · · · · · · · · · · · ·	Lea		County. Date Spudded
	se indicate		Elevation 3497.7 Total Depth 3719 PBTD
D	C B	A	Top Oil/Gas Pay 3674 Name of Prod. Form. Lower 7 Rivers - Queens PRODUCING INTERVAL -
			Perforations 3674-84. 3688-3716 w/4 jet shots per foot
E	F G	¹ / ₂	Open Hole Casing Shoe Tubing 3666
L	K J	I	OIL WELL TEST - Choke Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Size
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 45.6 bbls.oil,bbls water in _2 hrs,min. Size 23/64
			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowedChoke Size
	sing and Cem		Method of Testing (pitot, back pressure, etc.):
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
8 5/8	1481	500	Choke SizeMethod of Testing:
5 1/2	3707	500	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1500 gal jelled oil 10000 gal acid
2 3/8	3666	-	Casing Date first new Press. 350 oil run to tanks 1-9-58
			Oil Transporter Texas New Mexico Pipeline Company
		<u> </u>	Gas Transporter United Carbon Company
Remarks:		•••••••••••	
		•••••••	

	•		rmation given above is true and complete to the best of my knowledge. 19 Western Natural Gas Company
			COMMISSION By: Company or Operator)
. 7	6/1	1-11	(Signature)
Бу:			Title Office Manager Send Communications regarding well to:
Title	······································	•••••••••••	Name Western Natural Gas Company

Address 823 Midland Tower, Midland, Texas