

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-101 is 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 August 22, 1960
(Place) (Date)

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

Western Natural Gas Company, Well No. 1, in SW 1/4, NW 1/4,

(Company or Operator)
L, Sec. 12, T. 23-S, R. 36E, NMPM, Langlie-Mattix Pool
Unit Letter

Lea

County. Date Spudded. 4-11-60 Date Drilling Completed 4-14-60

Please indicate location:

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

Elevation 3396 Total Depth 3673 PBD 3672

Top Oil/Gas Pay 3593 Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3613-3666

Open Hole -- Depth Casing Shoe 3673 Depth Tubing 3502

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): 105 bbls. oil, bbls water in 22 hrs, min. Size 28/64" Choke

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	30	20
9 5/8	1281	350
7	2990	300
5	3672	90

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

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testings:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gal. 15% acid, 15,000 gal Lease Oil, 25,000 sand

Casing Press. 2200 Tubing Press. 2000 Date first new oil run to tanks 6-15-60

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter

Remarks: Dual Completion with Yates has been applied for

Recompleted from gas

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)

Title Petroleum Engineer

By: *[Signature]*

Send Communications regarding well to:

Title Engineer District 1

Name Western Natural Gas Company

Address 823 Midland Tower, Midland, Texas