

# 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.

Odessa  
(Place)

Texas  
(Date)

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

Sun Oil Company  
(Company or Operator)

(Lease)

Well No. 5, in NW 1/4 NW 1/4,

D, Sec. 7, T. 23 S., R. 37 E., NMPM, Langlie Mattix Pool

Lea

County. Date Spudded 3/25/61

Date Drilling Completed 4/11/61

Please indicate location:

Elevation 3379' Total Depth 3800' PBD

Top Oil/Gas Pay 3710' Name of Prod. Form. Langlie Mattix

PRODUCING INTERVAL -

Perforations 3762-3754 and 3750-3734

Open Hole none Depth 3800' Casing Shoe 3744' Tubing 3744'

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): 33 bbls. oil, 15.50 bbls water in 24 hrs, 0 min. Size Choke

GAS WELL TEST - 1 1/4" Pump, 20 x 36" SPM

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): 20,000 gals. PO w/2# sd. per gal & 500 gal. 15% NE LST Acid

Casing 20# Tubing 20# Date first new oil run to tanks

Oil Transporter Shell Pipe Line Co.

Gas Transporter Skelly Oil Co.

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8"	354.88	250
4 1/2"	3791.89	1000
2"	3743.87	-

Remarks:

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

Approved, 19

Sun Oil Company  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

By: Title

Title: Area Supt.  
Send Communications regarding well to:

Name: Sun Oil Co.

Address: Box 2702, Odessa, Texas