

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 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.

April 27, 1959

(Place)

(Date)

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

Burk Royalty Company

La Mancy Federal

Well No. **4**, in **NE** $\frac{1}{4}$ NW $\frac{1}{4}$,

(Company or Operator)

(Lease)

C
Unit Letter

Sec. **21**

T. **23**

R. **37**

NMPM, **Langlie-Mattix**

Pool

Lea

County. Date Spudded **2-7-59**

Date Drilling Completed **2-18-59**

Please indicate location:

Elevation **3909 GL** Total Depth **3620** PBD **3619**

Top Oil/Gas Pay **3280** Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **3491-96; 3508-12; 3533-41**

Open Hole _____ Depth **3619** Depth **3660**
Casing Shoe _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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: **1897** MCF/Day; Hours flowed **24**

Choke Size **48/64"** Method of Testing: **Orifice Tester**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1500 gal Acid and 30,000# sand**

Casing _____ Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter **Permian Basin Pipe Line Co.**

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	305	300
5-1/2"	3619	500
2-3/8"	at 3440'	

Remarks:

Request classification as gas well because well makes no oil.

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

Approved _____, 19 _____

Burk Royalty Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Agent**

(Signature)

By: _____

Title _____

Title _____

Send Communications regarding well to:

Jon Bear, Burk Royalty Company

Name _____

800 Oil & Gas Bldg.

Address _____

Wichita Falls, Texas