

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.

Midland, Texas April 1, 1959
(Place) (Date)

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

J. W. Starr Martha Forrest, Well No. 3, in NE 1/4 SE 1/4,
(Company or Operator) (Lease)

I, Sec. 23, T. 25-S, R. 36-E, NMPM., Undesignated Pool
Unit Letter

Lea County. Date Spudded Mar. 11, 1959 Date Drilling Completed Mar. 24, 1959

Elevation 3073 DF Total Depth 3420 PBD 3408

Top Oil/Gas Pay 3346 Name of Prod. Form Yates

PRODUCING INTERVAL -

Perforations 3346-80

Open Hole Depth Casing Shoe 3419 Depth Tubing 3407

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 60 bbls. oil, 98 bbls water in 24 hrs, min. Choke Size 1/2

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): 1000 gal. acid

Casing Tubing Date first new Press. 1050 Press. 150 oil run to tanks April 1, 1959

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter

Please indicate location:

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

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8"	529	300
5 1/2"	3419	350
2"	3407	

Remarks:

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

Approved: _____, 19_____

J. W. Starr
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *W. R. Russell*
(Signature)

By: _____

Title: Production Manager

Title: _____

Send Communications regarding well to:

Name: J. W. Starr

Address: 609 Midland Tower, Midland, Texas