

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 Dec. 18, 1959
(Place) (Date)

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

J. W. Starr Martha Forrest, Well No. 4, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)
L, Sec. 24, T. 25S, R. 36E, NMPM, Jalmat Pool
Unit Letter

Lea

Please indicate location:

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

County. Lea Date Spudded 11-27-59 Date Drilling Completed 12-7-59
Elevation 3091 Total Depth 3391 PBD 3375

Top Oil/Gas Pay 3312 Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations 3312-3367
Open Hole _____ Depth _____
Casing Shoe 3389 Depth 3367
Tubing _____

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): 15 bbls. oil, 2.35 bbls. water in 24 hrs, _____ min. Choke Size PUMP

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. 250 Press. 100 oil run to tanks Dec. 15, 1959

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter Lea Natural Gas Co.

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>8 5/8</u>	<u>520</u>	<u>300</u>
<u>5 1/2</u>	<u>3389</u>	<u>300</u>
<u>2</u>	<u>3367</u>	

Remarks:.....

ILLEGIBLE

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

Approved....., 19.....

OIL CONSERVATION COMMISSION

By: [Signature]

Title: _____

J. W. Starr
(Company or Operator)

By: [Signature]
(Signature)

Title: Operator

Send Communications regarding well to:

Name: J. W. Starr

Address: 600 Midland Tower, Midland, Texas