

REQUEST FOR (OH) - (GAS) ALLOWABLE

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.

Midland, Texas

11-29-62

(Place)

(Date)

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

Western Natural Gas Company, Burleson, Well No. 2, in SE 1/4 NW 1/4,  
(Company or Operator) (Lease)

F, Sec. 8, T. 25-S, R. 37-E, NMPM, Jalmat Gas Pool

Lea

County. Date Spudded. 6-22-39

Date Drilling Completed

7-16-39

Please indicate location:

Elevation 3168 D.F.

Total Depth 3467

PBTD

3185

Top Oil/Gas Pay 2888

Name of Prod. Form. Yates

PRODUCING INTERVAL -

2888-92; 2912-14; 2926-28; 2952-56; 3052-57; 3068-73;

Perforations 3082-87 w/l JSPT.

Open Hole

Depth

Casing Shoe 3226

Depth

Tubing 2890

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): bbls. oil, bbls water in hrs, min. Size Choke

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: AOF 205 MCF/Day; Hours flowed

Choke Size Method of Testing: Prover

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals acid, 20,000 gals lse oil and 21,000 sand

Casing Tubing Date first new  
Press. oil run to tanks

Oil Transporter

Gas Transporter El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size	Feet	SAN
12 1/2"	237	175
8 5/8"	2729	700
5 1/2"	3212	145
2 3/8"	2890	

Remarks:

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)

By: Paul Pooler  
(Signature)

Title. Office Manager

Send Communications regarding well to:

Name. Western Natural Gas Company

Address. 823 Midland Tower, Midland, Texas

OIL CONSERVATION COMMISSION

By:

Title