

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.

Midland, Texas April 21, 1960
(Place) (Date)

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

Anderson-Prichard Oil Corp. Blocker, Well No. 7, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
C, Sec. 13, T. 25S, R. 37E, NMPM, Justis (Blinsbry) Pool
Unit Letter

Lea County. Date Spudded 1-21-60 Date Drilling Completed 3-18-60
Elevation 3114 DF Total Depth 6069 PBD 6065

Please indicate location:

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

Top Oil/Gas Pay 5350 Name of Prod. Form. Blinsbry

PRODUCING INTERVAL -

Perforations 5350-90
Open Hole _____ Depth _____
Casing Shoe 6069 Depth _____
Tubing 5263

OIL WELL TEST -

Natural Prod. Test: None 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): 100 bbls, oil, 0 bbls water in 24 hrs, 0 min. Choke Size 14/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9-5/8</u>	<u>863</u>	<u>400</u>
<u>7</u>	<u>6069</u>	<u>133 units</u>
		<u>8240 sx</u>
		<u>cement</u>

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): 500 gal MA, 10,000 gal crude and 50,000# sand

Casing _____ Tubing _____ Date first run _____

Press. _____ Press. _____ oil run to tanks April 19, 1960

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks:

To be dually completed from Tubb zone.

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

Approved _____, 19____

Anderson-Prichard Oil Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: _____
(Signature)

Title _____

Title District Clerk
Send Communications regarding well to:

Name Anderson-Prichard Oil Corporation

Address Box 196, Midland, Texas