

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

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-102 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

October 1, 1957

(Place)

(Date)

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

Western Natural Gas Company

Wimberley

Well No. 2

NE

NW

(Company or Operator)

(Lease)

C

Sec. 24

T. 25-S

R. 37-E

NMPM, Undesignated

Pool

Unit Letter

Lea

County. Date Spudded. 7-10-57

Date Drilling Completed 9-22-57

Elevation 3078.3 G.L.

Total Depth 8235

PBTD 8234

Top Oil/Gas Pay 8184

Name of Prod. Form. Ellenberger

PRODUCING INTERVAL -

Perforations 8184-8231 w/4 jet shots per foot

Open Hole

Depth

Casing Shoe

Depth

Tubing

OIL WELL TEST -

Natural Prod. Test: 26 bbls. oil, 0 bbls water in 1 hrs, min. Choke 26/64"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 503 bbls. oil, 0 bbls water in 19 hrs, min. Choke 32/64"

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 regular 15% acid

Casing Press. 0 Tubing Press. 460 PSI Date first new oil run to tanks 10-1-57

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

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:

(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