

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

2-15/58

(Place)

(Date)

DUAL COMPLETION

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

Western Natural Gas Company Wimberley, Well No. 3, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D, Sec. 24, T. 25S, R. 37E, NMPM., Justis-Drinkard Extension Pool

Unit Letter
Lea

County. Date Spudded 10-13-57 Date Drilling Completed 12-24-57
Elevation 3085.4 GL Total Depth 8635 PBTD 7306

Please indicate location:

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

Top Oil/Gas Pay 5906 Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations 5906-5944 w/4 jet shots per foot
Open Hole - Depth - Depth 5999
Casing Shoe - Tubing

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): 49 bbls. oil, - bbls water in 35 hrs, min. Choke Size 16/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	513	550
9 5/8	3390	600
7	7365	850
2 3/8	5999	-

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 gals. reg. 15% acid

Casing Press. 625 Tubing Press. 425 Date first new oil run to tanks 2/12/58

Oil Transporter Texas New Mexico Pipeline Company

Gas Transporter El Paso Natural Gas Company

Remarks:

This well is dually completed with Fusselman Zone.

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

Approved: Western Natural Gas Company (Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

By: Office Manager

Send Communications regarding well to:

Title: Western Natural Gas Company

Address: 823 Midland Tower, Midland, Texas