

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 1-2-58
(Place) (Date)

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. 25-N, R. 37-E, NMPM, Undesignated Pool
Unit Letter

Loc. County. Date Spudded. 10-13-57 Date Drilling Completed 12-24-57

Please indicate location:

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

Elevation 3005.4 G.L. Total Depth 8635 PBTD 7306

Top Oil/Gas Pay 6778 Name of Prod. Form. Fusselman

PRODUCING INTERVAL -

Perforations 7004-7048' with 4 shots per foot

Open Hole None Depth Casing Shoe 7306 Depth Tubing 7053

OIL WELL TEST -

Natural Prod. Test: None 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 Choke load oil used): 165 bbls. oil, bbls water in 6 hrs, min. Size 18/64"

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 acid, 27 barrels oil

Casing Tubing Date first new 1-2-58
Press. Hcr. Press. 3250 oil run to tanks

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks: Dual completion with Drinkard formation has been applied for.

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)

OIL CONSERVATION COMMISSION

By: (Signature)
Title Office Manager

By: (Signature)

Title

Send Communications regarding well to:

Name: Western Natural Gas Company

Address: 823 Midland Tower, Midland, Texas