

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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  
(Place)

4-8-58  
(Date)

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

Western Natural Gas Company  
(Company or Operator)

Wimberley, Well No. 4, in SW 1/4 NW 1/4,  
(Lease)

E, Sec. 24, T. 25S, R. 37E, NMPM., Undesignated - Drinkard Pool  
Unit Letter

Lea

County. Date Spudded 1-14-58

Date Drilling Completed 3-5-58

Please indicate location:

Elevation 3076.2 G.L. Total Depth 7242' PBTD 7120, 6805 Pkr.

Top Oil/Gas Pay 5890 Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations 5890-5920 w/4 jet shots per foot

Open Hole - Depth - Casing Shoe - Depth 5948' Tubing

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 load oil used): 54 bbls, oil, bbls water in 8 hrs, min. Size 14/64" 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: 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): 24 bbl. reg 15% acid.

Casing Tubing Date first new  
Press. 150 Press. 550 oil run to tanks 4-4-58

Oil Transporter Texas - New Mexico Pipeline Company

Gas Transporter El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	536	500
9 5/8	3387	2000
7	7230	998
2 3/8	5948	-

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)

OIL CONSERVATION COMMISSION

By: [Signature]

By: [Signature]  
(Signature)

Title: Office Manager

Send Communications regarding well to:

Title:

Name: Western Natural Gas Company

Address: 823 Midland Tower, Midland, Texas