

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-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

11-29-61

(Place)

(Date)

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

Western Natural Gas Company, Wimberley, Well No. 6, in NW 1/4, NW 1/4,

D (Company or Operator) 24, T 25-S, R 37-S, NMPM, Justis-Paddock Pool

Lea County, Date Spudded 12-2-58, Date Drilling Completed 1-17-59

Please indicate location:

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

Elevation 3082, Total Depth 7090, PBD 6690
Top Oil/Gas Pay 4900, Name of Prod. Form. Paddock

PRODUCING INTERVAL -

Perforations 4900-4920
Open Hole, Depth 7090, Depth Tubing 4902

OIL WELL TEST -

Natural Prod. Test: 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): 132 bbls. oil, 132 bbls water in 24 hrs, min. Size 1/2"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	535	550
9 5/8	3375	1250
7	7090	720
2 3/8	4902	

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): 2000 gal Dowell X W-26

Casing Press. PKR. Tubing Press. 100 Date first new oil run to tanks 11-12-61

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks: Gas flared pending tie in to El Paso Natural Gas Company.

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: *Paul Woodward*
(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: _____