SION

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE UNIC

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-1091 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.

| | | | - | | (Place) (Date) |
|-----------------------------|--------------|------------|---------------|--|---|
| | | | | ING AN ALLOWABLE FO | |
| Wester | n Nati | ural (| as Comp | any Wimberley | , Well No |
| | Compar | ny or Op | crator) | (Lease) | |
| Unit | Letter | , Sec | ····· | , 1 <i>529</i> , K <i>216</i> | NMPM., Undesignated Pool |
| Lea | | | | County. Date Spudded | 12-2-58 Date Drilling Completed 1-17-59 |
| Please indicate location: | | | | Elevation3082 | Total Depth 7090 PBTD 6690 |
| D | С | В | | Top Oil/Gas Pay 5006 1/ | Clearforkame of Prod. Form. Blinebry-Clearfork |
| X | ١ | " | A | PRODUCING INTERVAL - | |
| | | | | Perforations 5/11. | 5425, 5456, 5473, 5478 w/6 per foot. |
| E | F | G | H | | Depth Depth Casing Shoe 7090 Tubing 5390 |
| | | | 1 | | Casing Shoe 7090 Tubing 5390 |
| L | K | J | I | OIL WELL TEST - | Choke |
| | | |] | Natural Prod. Test: None | bbls.oil,bbls water inhrs,min. Size |
| м | 40 | ļ <u>.</u> | | Test After Acid or Fractur | e Treatment (after recovery of volume of oil equal to volume of |
| | N | 0 | P | load oil used): 222 b | bls.oil, 0 bbls water in 21 hrs, min. Size 20/6 |
| | | ļ | | GAS WELL TEST - | |
| | | | -, | | Mary forms the colonial and an area |
| Publing | Coelng | and Come | nting Recor | | MCF/Day; Hours flowedChoke Size |
| Size | • | Feet | Sax | the day of the country (proces, | back pressure, etc.): |
| | | | | i | e Treatment: MCF/Day; Hours flowed |
| 13 3 | /8 5 | 535 550 | | Choke Size Method | of Testing: |
| | | | | Acid or Fracture Treatment | (Give amounts of materials used, such as acid, water, oil, and |
| 9.5 | /8 33 | 7090 720 | | | |
| | - | | | sand): 10.000 gala Casing Tubing | Date first new |
| 7 | 170 | 790 | 720 | - | 200 oil run to tanks January 24, 1959 |
| 2 3 | /9 /2 | 90 | | Oil Transporter Texas | -New Maries Pipeline Company |
| 2 3 | | | | Gas Transporter Flare | |
| Remarks | :: | Gas f | laring t | o atmosphere pending | negotiations with El Paso Natural Gas Company |
| | | •••••• | ••••• | A. | Mill Land Jan |
| | | | | | |
| I he | reby ce | rtify th | at the info | ormation given above is true | and complete to the best of my knowledge. |
| | | • | | 19 | Western Natural Gas Company |
| ··pp.ovc | | .T. | | | (Company or Operator) |
| OIL CONSERVATION COMMISSION | | | | | By: 2/2 - 1. (((/) |
| | | | | | (Signature) |
| By - 3 / / / / / / | | | | Mr. II | Title Division Petroleum Engineer |
| -, | y Merricania | ** - | // | eyon of reknows describer on the control of the con | Send Communications regarding well to: |
| Title | | | | | WESTERN NATURAL GAS CO. |
| | | | i | | Name 823 Midland Tower |
| | | | | | AddressMIDLAND, TEXAS |

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