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, Texa	LE S	
WE ARE	HEREBY I	REQUEST	ING AN ALLOWABLE F	OR A WELL KNOWN	AS:	(Date)
Anderson.	-Prichard	l Oil Co	rporation - Carlson	"A" Well No 3	in SE	z S¥ z
(Company or Operator)			(Less	e)	,	/4,
Valt L	300 etter	c	T. 25S R 37	, NMPM., Justi	s Drink ard	Pool
			County. Date Spudded.			
Please indicate location:			Elevation 3070	Total Depth_	7050	DDTD 6010
		iccation.	Top 0i1/80 Pay 582	Name of Prod	E Desirale	3
D	C B	A	PRODUCING INTERVAL -	Name of Prod.	rorm. <u>Drink</u>	ard
			Perforations 5020 -	- 5905		
E	F G	H		Depth Casing Shoe		pth bing 5917
L	K J	I	OIL WELL TEST -		·	
			Natural Prod. Test:	bbls.oil,Obb	ls water in 7	hrs, O min. Size
М	N _C 0	P	Test After Acid or Fractu	ure Treatment (after recove	ry of volume of o	il equal to volume of Choke
	ļ			bbls.oil, bbls w	ater in 24 hrs.	, <u>O</u> min. Size <u>14/6</u> 4
0001 190	. 00301 -		GAS WELL TEST -			
990' FS /				MCF/Day; Hour	s flowed	Choke Size
	ing and Ceme		rd Method of Testing (pitot,	back pressure, etc.):		
Size	Feet	SAX		re Treatment:		
1.3-3/8	55 8	500	Choke Size Metho	od of Testing:		louis Tiowed
0.5/9	20772	2100	Acid or Fracture Treatmen	t (Give amounts of material		
9 -5/ 8						
7	7050 1012		Casing Tubing Press.	340 oil run to tanks	Sept. 24,	1959
			Gil Transporter Texas-	-New Mexico Pipe Li	ne Company	
koruseka (Gas Transporter El I	Paso Matural Gas Co	mpany	
CHIAFKS:	•••••••				••••	*****
	•••••••••••	*************		**************************************	***************************************	••••••••••••••••••••••••••••••••••••••
I hereby	certify that	at the infor	rmation given above is true	and complete to the best	of my knowledge	•••••
				(Cor	npany or Operator)	
OIL	CONSER	VATION	COMMISSION	By: () 2	auce-19	
	•			Ву: 2	(Signature)	
y:	<i></i>		····	Title Disgrict		
				Send Commun	nications regardin	ig well to:
AMC	••••••••••••••••••	······································		Name Anderson-Pr	ichard Oil C	orporation
				Address Box 196,	Midland, Tex	cas