

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.

Jal., New Mexico  
(Place)

September 28, 1960  
(Date)

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

Westates Petroleum Company Carlson B 26, Well No. 7, in NW 1/4 SE 1/4,  
(Company or Operator) (Lease)

J, Sec. 26, T. 25S, R. 37E, NMPM., Paddock Undesignated Pool  
Unit Letter

Loc.

County. Date Spudded Aug. 6, 1960 Date Drilling Completed Sept. 3, 1960

Please indicate location:

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

Elevation 3044' Total Depth 6050' PBD 5418'

Top Oil/Gas Pay 5042 Name of Prod. Form. Paddock

PRODUCING INTERVAL -

Perforations 5042.5'-5048.5'; 5054'-5060'

Open Hole None Depth Casing Shoe 6043' Depth Tubing 5048'

OIL WELL TEST -

Natural Prod. Test: 0 bbls. oil, 0 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): 112 bbls. oil, 48 bbls water in 24 hrs, 0 min. Size 3/4 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): 2500 gal. acid.

Casing Tubing Date first new Press. Packer Press. 60 oil run to tanks September 25, 1960

Oil Transporter Texas New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: 19

Westates Petroleum Company  
(Company or Operator)

By: (Signature)  
(Signature)

OIL CONSERVATION COMMISSION

By: (Signature)

Title Production Superintendent

Send Communications regarding well to:

Title

Name Westates Petroleum Company

Address Box 1381, Jal, New Mexico