

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 5-23-63
(Place) (Date)

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

Western Natural Gas Company Winberry, Well No. 8, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
C, Sec. 23, T. 25-S, R. 37-E, NMPM, Justin Blinberry Pool
Unit Letter

Lea County. Date Spudded 4-23-63 Date Drilling Completed 5-16-63
Elevation 3999.8 G.L. Total Depth 5525 PBD 5515
Top Oil/Gas Pay 5352 Name of Prod. Form. Justin Blinberry

Please indicate location:

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

PRODUCING INTERVAL - 1 JEFF at:
Perforations 5352, 5384, 5388, 5404, 5414, 5419, 5432, 5436, 5447, 5451
Open Hole None Depth 5525 Casing Shoe 5298
Tubing 5298

OIL WELL TEST -
Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): 400 bbls. oil, 0 bbls water in 24 hrs, _____ min. Size 16/64"
Choke

GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>905</u>	<u>500</u>
<u>5 1/2"</u>	<u>5533</u>	<u>950</u>
<u>2 3/8"</u>	<u>5288</u>	

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): See remarks.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 600 oil run to tanks 5-22-63

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter El Paso Natural Gas Company

Remarks: Acid or Fracture Treatment:
400 gals. acid, 15,000 gals. oil, 15,000 sand and 11.5 tons CO₂ at 17.1 BPM and 3500 psig.

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: Phyllis Steinhilber
(Signature)

By: _____ Title Office Manager

Send Communications regarding well to:

Name Western Natural Gas Company

Address 823 Midland Tower, Midland, Texas