

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.

Fort Worth, Texas

12-15-58

(Place)

(Date)

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

Gulf Oil Corporation

Carters-Laves #1

NE NE

Well No. _____, in _____ 1/4 _____ 1/4,

(Company or Operator)

24-S (37-2)

Jalnet Gas

Sec. _____, T. _____, R. _____, S. _____, E. _____, N. _____, W. _____, Pool _____

Unit _____

Recompletion completed 10-21-58

6-7-51

11-6-58

County. DeSoto

Date Drilling Completed

3290'

Elevation _____ Total Depth _____ P.B.T.D. _____

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVALS: 3024'-3024', 3036-3046', 3054-3076', 3084-3094',

Perforations: 3099-3103', 3128-3136', 3159-3169', 3178-3194'

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

None

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): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Permian Basin Pipeline Company

Remarks: Filed in compliance with Rule 11, Order R-320. Application for a non-standard gas production unit will be submitted.

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

Approved _____, 19 _____

Gulf Oil Corporation

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: _____

(Signature)

Title _____

Send Communications regarding well to:

Name _____

Address _____