

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.

Carlsbad, New Mexico Jan 30, 1959
(Place) (Date)

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

O. H. Randel, Federal Roof, Well No. 4-1, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)
G, Sec. 1, T. 17S, R. 29E, NMPM., Square Lake Pool
Unit Letter

Eddy County. Date Spudded Dec 10, 1958 Date Drilling Completed Jan 18, 1959
Elevation 3684 Total Depth 2713 PBD

Please indicate location:

D	C	B	A
E	F	⑥	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 2629 2696-2710 of Prod. Form. Premier

PRODUCING INTERVAL -

Perforations _____
Open Hole 2696-2710 Depth Casing Shoe 2672 Depth Tubing 2607

OIL WELL TEST -

Natural Prod. Test 7 Gal per 15 min bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 75 bbls, oil, _____ bbls water in 24 hrs, _____ min. Size 1/2"

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): 20,000 Gal Jelled Lasso Oil and 37,500 lbs 20-40
Casing _____ Tubing _____ Date first new _____
Press. 300 Press. 125 oil run to tanks Jan 30, 1959 Sand

Oil Transporter Texas New Mexico Pipe Line Co., Box 1510

Gas Transporter XXXXXXXXXX Midland, Texas.
XXXXXXXXXX

Remarks: _____

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

Approved _____, 19 _____

OIL CONSERVATION COMMISSION

By: M. L. Armstrong
Title _____

(Company or Operator)

By: [Signature]
(Signature)

Title Operator.
Send Communications regarding well to:

Name O. H. Randel,

Address Box 88, Carlsbad, N. M.

OIL COMPANY		DATE	
NAME		DATE	
ADDRESS			
CITY			
STATE			
COUNTY			
ZIP			
SIGNATURE		DATE	
PRINTED NAME		DATE	

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator O. H. Randel Lease Federal-Root.

Well No. 4-1 Unit Letter G S I T 17S R 29E Pool Square Lake.

County Eddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit G S I T 17S R 29E

Authorized Transporter of Oil or Condensate Texas New Mexico Pipe Line Co.,

Address Box 1510, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

No. available market for gas, small amount of gas being vented from

separator, well is equipped with adjustable choke and intermitter,

am able to flow the oil each day with the loss of very small amount of gas

Reasons for Filing: (Please check proper box) New Well (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 30 day of January 1959

By [Signature]

Approved _____ 19____

Title Operator.

OIL CONSERVATION COMMISSION

Company O.H. Randel.

By [Signature]

Address Box 88, Carlsbad, N. M.

Title _____

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