

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.

Monument, N.M.

January 2, 1962

(Place)

(Date)

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

Amerada Petroleum Corporation L.M. Lambert, Well No. 2, in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

G Unit Letter Sec. 6 T. 20S R. 37E, NMPM., Monument - McKee Pool

Lea

County. Date Spudded 9-23-61

Date Drilling Completed

11-16-61

Please indicate location:

Elevation 3571' DT Total Depth 9870' PBD 9812'

Oil/Gas Pay 9568' Name of Prod. Form. McKee

PRODUCING INTERVAL -

Perforations 9568' to 9786'

Open Hole - Depth - Depth 9530'

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 -

Tbg. Press. 150 to 2000#

1 Hr. 10/64"

Natural Prod. Test: 3,680' MCF/Day; Hours flowed 2 Choke Size 1 Hr. 18/64"

Method of Testing (pitot, back pressure, etc.): Well tester

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 Northern Natural Gas Co. 2223 Dodge St., Omaha, Neb.

Remarks: Open flow potential to be taken at a later date
McKee Zone closed in pending dual application approval.

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

Approved January 2, 1962, 19.

Amerada Petroleum Corporation

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature] (Signature)

Title Asst. Dist. Superintendent

Send Communications regarding well to:

Name Amerada Petroleum Corporation

Address Drawer "D", Monument, N.M.

By: [Signature]

Title