

# REQUEST FOR (OIL) - ~~RECOMPLETION~~ ALLOWABLE

~~RECOMPLETION~~  
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 for 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 bbl at 60° Fahrenheit.

Monument, N.M.  
(Place)

2-7-59  
(Date)

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

Amerada Petroleum Corporation F. Turner Jr. Well No. 2(Connell) NW 1/4 SW 1/4,  
(Company or Operator) (Lease)

L Unit Letter, Sec. 17, T. 20S, R. 38-E, NMPM, Pool

Loc. County. Date Spudded. Date ~~Recompletion~~ Completed 12-8-58

Please indicate location:

D	C	B	A
E	F	G	H
L #2	K	J	I
M	N	O	P

Elevation 3570' DF Total Depth 9270' PBD 9266'

Top Oil/Gas Pay 9245' Name of Prod. Form. Connell

PRODUCING INTERVAL -

Perforations 9245' to 9263'

Open Hole Depth Casing Shoe Depth Tubing 9103'

OIL WELL TEST -

Natural Prod. Test: 311 bbls. oil, No bbls water in 24 hrs, - min. Size 16/64" Choke  
Gas Vel. 286,870 CF/D, GOR 922, Gty. 54 corr.

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 -

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 oil run to tanks 12-8-58  
Press. Press.

Oil Transporter Shell Pipe Line Co.

Gas Transporter Warren Petr. Corp.

Remarks:

(Well worked over & recompleted as a oil-oil dual. This form filed for Connell zone only)

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

Approved, 19

Amerada Petroleum Corp.  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)  
(Signature)

By: (Signature)

Title Asst. Dist. Superintendent  
Send Communications regarding well to:

Title

Name Amerada Pet. Corp.

Address Drawer D - Monument, NM